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THE ALAMEDA COUNTY PLAN  
FOR MENTAL HEALTH SERVICES  
PART B: BUDGET  
(REVISED PER 1982-83 BUDGET ACT)

PROPOSED AND SUBMITTED TO  
THE STATE OF CALIFORNIA  
DEPARTMENT OF MENTAL HEALTH

BY

THE ALAMEDA COUNTY BOARD OF SUPERVISORS

John George, Chairperson

Joseph Bort  
Fred Cooper  
Don Excell  
Charles Santana

Prepared by

THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

MENTAL HEALTH SERVICE

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THE HISTORY OF THE  
CITY OF BOSTON

- 1. The first settlement
- 2. The first church
- 3. The first school
- 4. The first hospital
- 5. The first prison
- 6. The first court
- 7. The first library
- 8. The first university
- 9. The first newspaper
- 10. The first steam engine
- 11. The first railroad
- 12. The first telegraph
- 13. The first telephone
- 14. The first electric light
- 15. The first automobile
- 16. The first airplane
- 17. The first radio
- 18. The first television
- 19. The first computer
- 20. The first space shuttle

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# EXHIBIT 10-1

|                                        |                          |                          |                       |                               |
|----------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------|
| 1. Name of the person or organization  | 2. Address               | 3. City                  | 4. State              | 5. Zip                        |
| 6. Telephone number                    | 7. Fax number            | 8. E-mail address        | 9. Website            | 10. Other contact information |
| 11. Date of last contact               | 12. Date of next contact | 13. Frequency of contact | 14. Method of contact | 15. Purpose of contact        |
| 16. Name of the person or organization | 17. Address              | 18. City                 | 19. State             | 20. Zip                       |
| 21. Telephone number                   | 22. Fax number           | 23. E-mail address       | 24. Website           | 25. Other contact information |
| 26. Date of last contact               | 27. Date of next contact | 28. Frequency of contact | 29. Method of contact | 30. Purpose of contact        |
| 31. Name of the person or organization | 32. Address              | 33. City                 | 34. State             | 35. Zip                       |
| 36. Telephone number                   | 37. Fax number           | 38. E-mail address       | 39. Website           | 40. Other contact information |
| 41. Date of last contact               | 42. Date of next contact | 43. Frequency of contact | 44. Method of contact | 45. Purpose of contact        |



## CHAPTER I    GENERAL REQUIREMENTS



## Chapter I General Requirements

This chapter shall contain the following:

- 1.1. The Board of Supervisors resolution or ordinance adopting and submitting the 1982/83 County Plan Update. (See 5650, W & I Code).
- 1.2. A document indicating that the Local Mental Health Advisory Board has reviewed the 1982/83 Plan Update (Section 5652, W & I Code).
- 1.3. A document indicating that the Local Mental Health Advisory Board has reviewed and approved "the procedures used to insure citizen and professional involvement at all stages of the planning process as specified in Section 5651 of the W & I Code (See 5606(d), W & I Code)."
- 1.4. Describe specific actions taken for the 1982/83 fiscal year (i.e., program reductions, resource re-allocations, re-organizations) in response to declining funds. Identify programs with respect to their California Model designation.

1.1. General Principles of the Theory

1.1.1. The basic principle of the theory is that the system is in a state of equilibrium with its surroundings. This is expressed by the equation:

1.1.2. A second principle is that the system is in a state of minimum energy. This is expressed by the equation:

1.1.3. A third principle is that the system is in a state of maximum entropy. This is expressed by the equation:

1.1.4. A fourth principle is that the system is in a state of maximum stability. This is expressed by the equation:



## Chapter I General Requirements

- 1.1) The Board of Supervisors resolution will be sent under separate cover. The Plan will be submitted to the Board in January, 1983.
- 1.2) The plan will be reviewed by the MHAB budget committee and then by the full Board as per the agreed upon process. It will be submitted to the full Mental Health Advisory Board in January and their approval will be forwarded under separate cover.
- 1.3.) The following is excerpted from the minutes of the October 20, 1982 meeting of the Alameda County Mental Health Advisory Board:

### 8. SHORT-DOYLE PLAN - Laura Peck

Ms. Peck gave a Plan update. She reported that the Plan was due today, September 15, but all the information is not available and will not be available until later. The Plans are much shorter now. Part A includes the project budget summary and the second part is the fiscal summary. The Finance Office is in the process of doing the fiscal plan right now. She also reported that she will be developing a narrative explaining different steps Mental Health has taken to deal with the Plans. The Short-Doyle Plan Review Process is attached to these minutes. The draft of the Plan will come before the Budget Committee about mid-October. Mike Lippitt stated that it would be a good idea if other Board members besides the Budget Committee members would attend the meeting.

Ms. Peck asked for a motion from the Board to approve the Short-Doyle Plan Review Process.

It was moved, seconded and passed that the MHAB approves the Short-Doyle Plan Review process as outlined by Laura Peck, Office of Management Services, as follows:

- 1) ACMHS staff develops a draft of each document;
- 2) the two drafts are distributed to members of the Budget Committee of the MHAB for initial review;
- 3) staff from the Office of Management Services and the Office of Financial Services presents the draft documents at a two-hour workshop. If possible, this working session will follow the October MHAB meeting; if not, a separate session will have to be scheduled. The purpose of the session will be to solicit and incorporate Board feedback into the plan;
- 4) the final document will be submitted for MHAB approval at the November meeting.



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- 1.4) The following steps have been taken, or are planned, to address budget reductions:

Phase I: Reductions necessary to "balance" the Mental Health budget are due to the State's failure to grant any C.O.L. (cost-of-living) for local county Short-Doyle Programs and termination of N.I.M.H. funding:

Budget Saving:

|                                                                                                                                                                                                                         |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| • Reduction in community contract C.O.L. reserves from 5% across the board to 5% for small agencies, 4% medium, and 3% large . . . . .                                                                                  | \$ 220,000     |
| • Reduction in budgeted positions in county outpatient clinics in both adult and children's services. (Note: These reductions also contribute to offsetting the \$330,000 reduction in N.I.M.H. Grant funds.) . . . . . | 600,000        |
| • Reduction in budgeted positions associated with administration and final phase-out of physician residency program . . . . .                                                                                           | 160,000        |
| • Elimination of contract with EOHA (East Oakland Health Alliance) for adult outpatient and children's mental health services . . . . .                                                                                 | 395,000        |
| • Reduction in ambulance contract, operating expense amounts, and conservatorship. . . . .                                                                                                                              | <u>200,000</u> |
| Subtotal . . . . .                                                                                                                                                                                                      | \$1,575,000    |
| • Proposed termination of Laurel House sub-Acute Program to be effective June 30, 1983 . . . . .                                                                                                                        | 386,000        |

Phase II: Pending reductions are due to cut in base of Short-Doyle allocation:

|                                                                             |                           |
|-----------------------------------------------------------------------------|---------------------------|
| • To be identified to the Board of Supervisors in February, 1983* . . . . . | <u>1,296,000</u>          |
| Total Actual and Pending Reductions. . . . .                                | <u><u>\$3,257,000</u></u> |

\* Any program reductions or resource allocations will be made on the basis of policy guidelines developed in January, 1982, by Mental Health Administration. Management by Priorities was the formal response to a request by the Board of Supervisors for program prioritization based on the criteria of critical need, mandate, and cost effectiveness. The document was reviewed and approved by the Mental Health Advisory Board. In Spring, 1982, program, client, and fiscal data was collected and analyzed so that the current system of services might be examined against the framework of prioritized services.

The following report was prepared by the...

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## CHAPTER II TREATMENT SERVICES SYSTEM





## Chapter 2. TREATMENT SERVICES SYSTEM

Chapter 2 consists of four subchapters:

- 2A - Children and Adolescent Services (ages 0-17)
- 2B - Adult Services (ages 18-64)
- 2C - Geriatric Services (ages 65+)
- 2D - Forensic Services (all ages)

Subchapter 2A, 2B and 2C shall contain in the order and form specified, responses to items 2.1 - 2.5. Item 2.6 concerns children and adolescent services only.

Where separate programs exist for children (ages 0-12) and adolescents (ages 13-17) those services shall be separately described.

- 2.1 On Form A, (Appendix A) provide an estimate of the unduplicated number of persons, the annual cost of services per patient, and the total cost of patient service for each age group by target group for the plan year. Include a description of the methodology used to arrive at these estimates.
- 2.2 On Form C, (Appendix A) provide a specification of the agency or agencies designated to provide LPS conservatorship investigation and management, estimated workloads and expenditures by age group. An interagency agreement is required where the county mental health service does not directly provide these services.
- 2.3 The entire CRDC budget prepared pursuant to procedures delineated in the CRDC manual, including Form E MH 1910.  
  
Note: Budget forms revised to reflect appropriate fiscal years will be sent under separate cover.
- 2.4 A statement of the cost of inpatient services as described in Section 5704.2 pursuant to W & I Code, Section 5704.3 in the following format:

### Cost and Percentage of Adjusted Gross Costs for State and Local Inpatient Services

|                             | Actual<br>1980-81 | Estimated<br>1981-82 | Projected<br>1982-83 |
|-----------------------------|-------------------|----------------------|----------------------|
| Cost                        | \$ _____          | \$ _____             | \$ _____             |
| Percent of<br>Total Program | _____ %           | _____ %              | _____ %              |

Section 1: Introduction

The purpose of this document is to provide a comprehensive overview of the project's objectives, scope, and deliverables. This section will outline the key goals and the expected outcomes of the project.

The project is designed to address the current challenges faced by the organization and to implement a solution that will improve efficiency and reduce costs. The following sections will detail the project's structure and the specific tasks to be completed.

The project is organized into several phases, each with its own set of tasks and milestones. The phases are: Planning, Design, Development, Testing, and Deployment.

Section 2: Project Objectives and Scope

The primary objective of the project is to develop a new system that will streamline the workflow and improve the overall performance of the organization. The scope of the project includes the design, development, and deployment of the system, as well as the training of the end-users.

The project will focus on the following areas: system architecture, user interface design, database development, and integration with existing systems. The project team will work closely with the stakeholders to ensure that the system meets their requirements and expectations.

The project is expected to be completed within a timeline of six months. The project budget is estimated to be \$100,000. The project team will provide regular updates on the progress of the project and any changes to the plan.

The project team consists of the following members: Project Manager, System Architect, UI Designer, Database Developer, and QA Tester. Each member has specific responsibilities and will be responsible for their respective areas of expertise.

The project will be managed using a project management software tool. The project manager will be responsible for tracking the progress of the project, managing the budget, and ensuring that the project is completed on time and within scope.

The project will be reviewed and approved by the project steering committee. The committee will provide guidance and support to the project team throughout the project lifecycle.

| Task                 | Start Date | End Date   | Status      |
|----------------------|------------|------------|-------------|
| Project Planning     | 2023-01-01 | 2023-01-15 | Completed   |
| System Design        | 2023-01-16 | 2023-02-15 | In Progress |
| Database Development | 2023-02-16 | 2023-03-15 | Not Started |
| UI Design            | 2023-02-16 | 2023-03-15 | In Progress |
| Integration Testing  | 2023-03-16 | 2023-04-15 | Not Started |
| Deployment           | 2023-04-16 | 2023-05-15 | Not Started |



If the projected 1982-83 figures represent an increase in expenditures for inpatient services over the statewide average of approximately 39.8%, a statement justifying these expenditures based upon cost effective criteria shall be included. (W & I Code, Section 5704.3.)

- 2.5 A separate projection of LPS state hospital utilization for each age group in the following format: (See 5651(f), W & I Code)

|                 | 1980-81<br>Actual |       | 1981-82<br>Estimated |       | 1982-83<br>Projected |       |
|-----------------|-------------------|-------|----------------------|-------|----------------------|-------|
|                 | Acute             | Other | Acute                | Other | Acute                | Other |
| Patient Days    | _____             | _____ | _____                | _____ | _____                | _____ |
| No. of Patients | _____             | _____ | _____                | _____ | _____                | _____ |

Acute is defined as an episode of 30 days or less for adult.

Acute is defined as an episode of 90 days or less for children or adolescents.

- 2.6 For children's services (ages 0-17) specify in the following format:

- The proportion of the total adjusted gross budget allocated to children's programs; NOTE: This should include adjusted gross cost amounts for direct and indirect services as well as conservatorship and other activities directed at this target group.
- The proportion of new undesignated funds, if any, allocated to children's programs; and
- The proportion of persons under 18 in the county population.

Portion of the Budget Allocated to Childrens Services

|                                                     | <u>Total</u> | <u>Subtotal for<br/>0-17 age group</u> | <u>% of Total for<br/>0-17 age group</u> |
|-----------------------------------------------------|--------------|----------------------------------------|------------------------------------------|
| County Population                                   | _____        | _____                                  | _____%                                   |
| Total Budget                                        | \$ _____     | \$ _____                               | _____%                                   |
| Total Non-Designated<br>New and Expanded<br>Funding | \$ _____     | \$ _____                               | _____%                                   |

If the proportion of the total budget and new money spent is less than required under Section 5704.6 of the Short-Doyle Act, include minutes from the required public hearing.



1. The purpose of this study was to determine the effect of the independent variable on the dependent variable. The study was conducted in a laboratory setting.

2. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

3. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

4. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured. The results of the study are presented in the following table.

5. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

6. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

7. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured. The results of the study are presented in the following table.

8. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

9. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

10. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

11. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

12. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

13. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

14. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

15. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured.

16. The study was conducted in a laboratory setting. The independent variable was manipulated and the dependent variable was measured. The results of the study are presented in the following table.

SUMMARY OF ANNUAL COSTSTREATMENT SERVICES

| TARGET GROUP          | UNDUPLICATED NO.<br>OF PATIENTS | ESTIMATED ANNUAL<br>COST OF SERVICES<br>PER PATIENT | TOTAL<br>ADJUSTED COST               |
|-----------------------|---------------------------------|-----------------------------------------------------|--------------------------------------|
| 0-17 MD<br>DD<br>MDO  | 2,147<br>7<br>0                 | \$2,078<br>429<br>0                                 | \$ 4,461,619<br>3,001                |
| Subtotal              | 2,154                           | 2,073                                               | \$ 4,464,620                         |
| 18-64 MD<br>DD<br>MDO | 11,156<br>92<br>1,540           | \$1,920<br>1,104<br>2,310                           | \$21,417,245<br>101,558<br>3,557,607 |
| Subtotal              | 12,788                          | 1,961                                               | \$25,076,410                         |
| 65+ MD<br>DD<br>MDO   | 559<br>5<br>7                   | \$9,853<br>1,214<br>2,052                           | \$ 5,507,608<br>6,070<br>14,363      |
| Subtotal              | 571                             | 9,681                                               | \$ 5,528,041                         |
| TOTAL MD<br>DD<br>MDO | 13,862<br>104<br>1,547          | \$2,264<br>1,064<br>2,309                           | \$31,386,472<br>110,629<br>3,571,970 |
| Total                 | 15,513                          | 2,261                                               | \$35,069,071                         |

Statement of Methodology

The number of unique clients included for County operated services is unduplicated. Unique clients included for contract services is unduplicated for each individual program but is duplicated across programs, i.e., clients from a contract program previously seen in another contract or County program could not be filtered out, except for those services whose referrals are from County services, e.g., Napa, Garfield, Villa Fairmont, OMHSS (from Napa & County). In the latter instance, it is assumed that the client is included in the County unduplicated count.

Data Source

County Operated Services: Annual 81-82 Age & Target Group Report generated from Mental Health Billing System. Contract Services: Year-end 81-82 Age & Target Group Biostat submitted by contract services. Summary data includes State Hospital costs. OMHSS not included as State now requires that latter be reported on CR/DC under Continuing Care Service Mode.

\* Excludes projected MIA utilization: January-June, 1983, Target Group 18-64/MD (duplicated) - Inpatient: 120 users; Outpatient: 303 users.





2.2  
FORM C

FISCAL YEAR 1982-83  
SUMMARY OF PROJECTED ANNUAL COSTS FOR  
LPS CONSERVATORSHIP

Agency Providing Conservatorship Investigation: Public Guardian-Conservator

Agency Providing Public Conservatorship of Person: Public Guardian-Conservator

Agency Providing Public Conservatorship of Estate: Public Guardian-Conservator

| CONSERVATORSHIP<br>SERVICES | INVESTIGATION | ADMINISTRATION |
|-----------------------------|---------------|----------------|
| Number of Cases             |               |                |
| 0-17                        | 53            | 53             |
| 18-64                       | 516           | 516            |
| 65+                         | <u>24</u>     | <u>24</u>      |
| Total Cases                 | 593           | 593            |
| Annual Cost                 | \$ 231,117    | \$ 221,921     |

Average LPS Conservatorship Caseload per F.T.E. Investigation: 91

Average LPS Conservatorship Caseload per F.T.E. Administration: N/A



1. The first part of the report is a general introduction to the project. This part should include a brief description of the project, its objectives, and the scope of the work.

2. The second part of the report is a detailed description of the work done. This part should include a description of the methods used, the results obtained, and a discussion of the findings.

| Date       | Location | Remarks                                                                                                     |
|------------|----------|-------------------------------------------------------------------------------------------------------------|
| 1. 1. 1950 | New York | First meeting of the committee. The committee decided to hold a series of meetings to discuss the project.  |
| 2. 1. 1950 | New York | Second meeting of the committee. The committee decided to hold a series of meetings to discuss the project. |

3. The third part of the report is a summary of the work done. This part should include a brief description of the project, its objectives, and the scope of the work.

2.3 The CRDC budget Summary is below; the budget in its entirety is in the Appendix. Form E's follow the summary.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY DEPARTMENT OF MENTAL HEALTH

PROGRAM BUDGET SUMMARY  
FISCAL YEAR 1900 (7/82)

83 FISCAL YEAR

SUBMISSION DATE: November 30, 1982

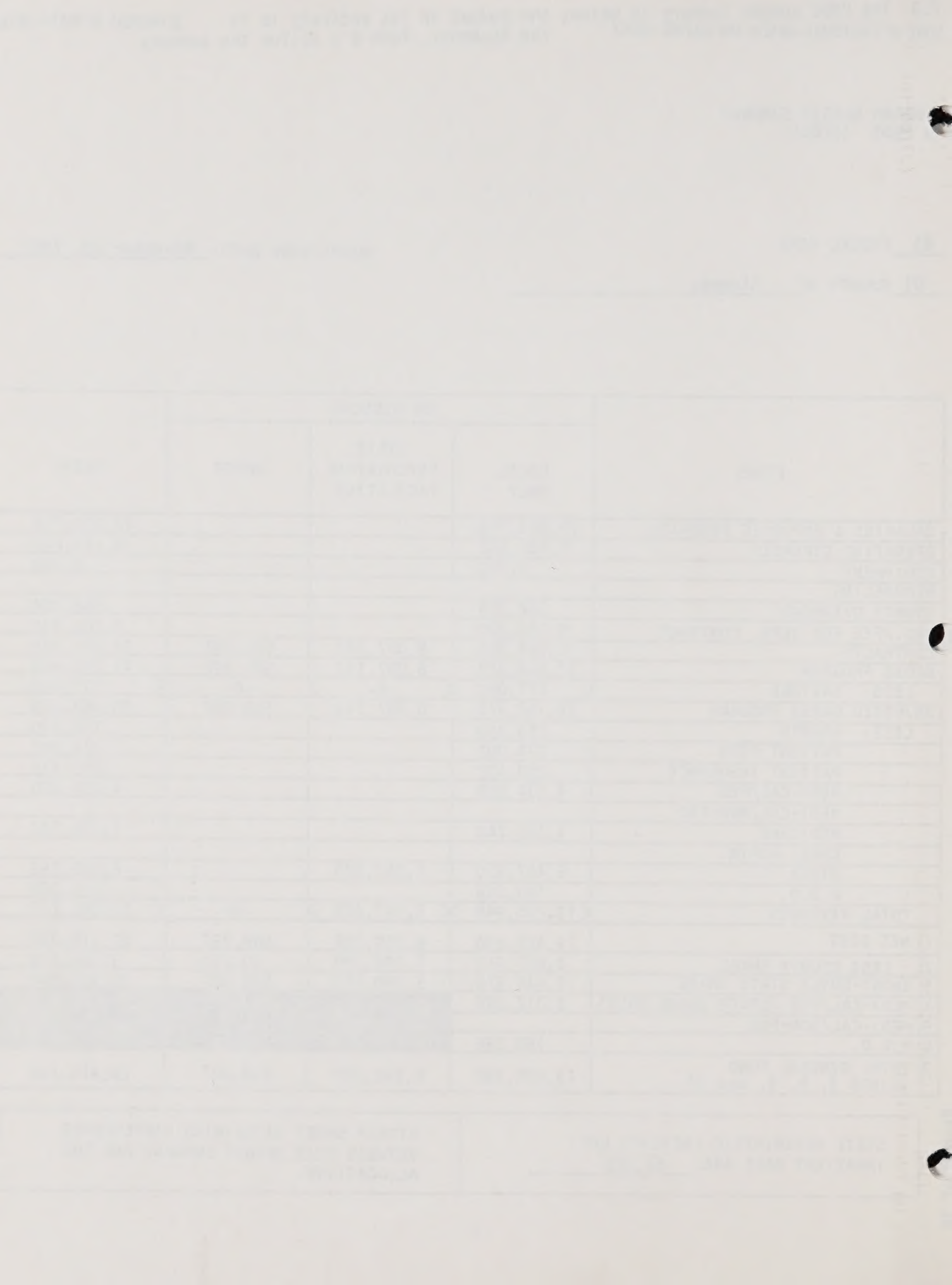
01 COUNTY OF Alameda

| ITEMS                                       | 01 REGULAR     |                              |         | TOTAL          |
|---------------------------------------------|----------------|------------------------------|---------|----------------|
|                                             | LOCAL ONLY     | STATE PSYCHIATRIC FACILITIES | OMHSS   |                |
| SALARIES & EMPLOYEE BENEFITS                | 12,204,715     |                              |         | 12,204,715     |
| OPERATING EXPENSES                          | 5,105,692      |                              |         | 5,105,692      |
| EQUIPMENT                                   | 6,750          |                              |         | 6,750          |
| REMODELING                                  |                |                              |         |                |
| COUNTY OVERHEAD                             | 556,224        |                              |         | 556,224        |
| LEG./FEE FOR SERV. CONTRACT                 | 9,106,930      |                              |         | 9,106,930      |
| CONTRACTS                                   | 5,564,309      | 8,087,143                    | 608,897 | 14,260,349     |
| GROSS PROGRAM                               | 32,544,620     | 8,087,143                    | 608,897 | 41,240,660     |
| LESS: SAVINGS                               | < 777,042 >    | < -0- >                      | < -0- > | < 777,042 >    |
| ADJUSTED GROSS PROGRAM                      | 31,767,578     | 8,087,143                    | 608,897 | 40,463,618     |
| LESS: GRANTS                                | 158,390        |                              |         | 158,390        |
| PATIENT FEES                                | 274,002        |                              |         | 274,002        |
| PATIENT INSURANCE                           | 293,432        |                              |         | 293,432        |
| MEDI-CAL/FED                                | 4,534,088      |                              |         | 4,534,088      |
| MEDI-CAL/NON-FED                            |                |                              |         |                |
| MEDICARE                                    | 1,328,740      |                              |         | 1,328,740      |
| CONS. ADMIN.                                |                |                              |         |                |
| OTHER                                       | 5,487,930      | 1,097,825                    |         | 6,585,755      |
| M.D.O.                                      | 169,366        |                              |         | 169,366        |
| TOTAL REVENUES                              | < 12,245,948 > | < 1,097,825 >                | < -0- > | < 13,343,773 > |
| 1 NET COST                                  | 19,521,630     | 6,989,318                    | 608,897 | 27,119,845     |
| 2 LESS COUNTY SHARE                         | 2,077,112      | 1,048,398                    | 60,890  | 3,186,400      |
| 3 SHORT-DOYLE STATE SHARE                   | 17,444,518     | 5,940,920                    | 548,007 | 23,933,445     |
| 4 MEDI-CAL/FED (STATE SHARE ONLY)           | 2,312,385      |                              |         |                |
| 5 MEDI-CAL/NON-FED                          |                |                              |         |                |
| 6 M.D.O.                                    | 169,366        |                              |         |                |
| 7 TOTAL GENERAL FUND (LINES 3, 4, 5, and 6) | 19,926,269     | 5,940,920                    | 548,007 | 26,415,196     |

STATE PSYCHIATRIC FACILITY LPS  
INPATIENT DAYS ARE: 63,166

ATTACH SHEET EXPLAINING DIFFERENCES  
BETWEEN THIS BUDGET SUMMARY AND THE  
ALLOCATIONS.





COUNTY ALAMEDA

GENERAL

To assist the Department in adjusting the General Fund dollars initially allocated on the basis of the new subcategories appearing in the Budget Act of 1982, counties must provide the Department with information on the distribution of General Fund in column (4). Counties must also indicate the distribution of the county's share of the \$15.2 million reduction in column (5). If portion of this reduction is distributed to Utilization Review, it should not exceed the allocated amount. The entire amount shown as the county's share of the \$15.2 million reduction is to be distributed. Definitions for subcategories (c) and (d) are included on the reverse side of this form.

| 1) GOVERNOR'S BUDGET ACT ITEMS | 2) CR/DC PROGRAMS                                            | 3) INITIAL ALLOCATION | 4) COUNTY'S DISTRIBUTION TO SUBCATEGORIES | 5) LESS DISTRIBUTION TO \$15.2 MILLION | TOTAL        |
|--------------------------------|--------------------------------------------------------------|-----------------------|-------------------------------------------|----------------------------------------|--------------|
| 1) 4440-101-001 (a)            | COMMUNITY RESIDENTIAL TREATMENT SYSTEM (AB 3052)             | \$ 1,098,419          | \$ 1,098,419                              | \$ -0-                                 | \$ 1,098,419 |
| 2) 4440-101-001 (b)            | OTHER TREATMENT<br>OTHER (TREATMENT AND NON-DIST. ADMIN.)    | ,                     | 17,229,669                                | 1,167,127*                             | 16,062,542   |
| 3) 4440-101-001 (c)            | COMMUNITY OUTREACH<br>PROMOTION AND COMMUNITY CLIENT SERVICE |                       | 1,668,604                                 |                                        | 1,668,604    |
| 4) 4440-101-001 (d)            | OTHER COMMUNITY PROGRAMS<br>CONTINUING CARE                  |                       | 927,338                                   | -0-                                    | 927,338      |
|                                | SUBTOTAL ITEMS (b), (c), & (d)                               | 19,825,611            |                                           |                                        |              |
|                                | TOTAL                                                        | \$ 20,924,030         | \$20,924,030                              | (\$ 1,167,127)                         | \$19,756,903 |

NOTE: Part B of the F.Y. 82-83 County Plan update will not be approved until this form is submitted.

*David J. Kears*  
(SIGNATURE OF LOCAL MENTAL HEALTH DIRECTOR)  
David J. Kears, Local Mental Health Director

December 8, 1982  
DATE

LINE INSTRUCTION

- Line 1 101-001(a) Community Residential Treatment System (AB 3052) - Show estimate of General Fund costs for Community Residential Treatment System.
- Line 2 101-001(b) Other Treatment - Show estimate of General Fund costs for Treatment and Non-Distributed Administration. Include all services not reflected in (a), (c), and (d).
- Line 3 101-001(c) Community Outreach Service Program - Show estimate of General Fund costs for Mental Health Promotion and Community Client Services. (See definition on reverse side of this form.)
- Line 4 101-001(d) Other Community Programs - Show estimate of General Fund costs for Continuing Care (this includes MH Social Services, Case Mgmt., and Conservatorship). (See reverse side of this form for definition of Continuing Care)
- \* reflects interim adjustment until County Board of Supervisors resolves the extent to which it will support allocation reduction by excess County participation. Item will be amended at that time, as appropriate.



1. The first part of the document is a letter from the President of the United States to the Congress, dated September 17, 1787. It is a very important document, as it is the first time that the President has addressed the Congress. The letter is written in a very formal and dignified style, and it is a very good example of the President's power and authority. The letter is a very important document, as it is the first time that the President has addressed the Congress. The letter is written in a very formal and dignified style, and it is a very good example of the President's power and authority.

| Date |         | Description                    |      | Amount |      |
|------|---------|--------------------------------|------|--------|------|
| 1787 | Sept 17 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 18 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 19 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 20 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 21 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 22 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 23 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 24 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 25 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 26 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 27 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 28 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 29 | President's letter to Congress | 1000 | 1000   | 1000 |
| 1787 | Sept 30 | President's letter to Congress | 1000 | 1000   | 1000 |

2. The second part of the document is a letter from the President of the United States to the Congress, dated September 18, 1787. It is a very important document, as it is the first time that the President has addressed the Congress. The letter is written in a very formal and dignified style, and it is a very good example of the President's power and authority. The letter is a very important document, as it is the first time that the President has addressed the Congress. The letter is written in a very formal and dignified style, and it is a very good example of the President's power and authority.

Form E's are organized according to mode of service.

|                           |             |
|---------------------------|-------------|
| 24 Hour Services          | pp. 11 - 33 |
| Partial Day/Day Treatment | pp. 34 - 56 |
| Outpatient Care           | pp. 57 - 86 |
| Continuing Care           | pp. 87 - 98 |

THE UNIVERSITY OF CHICAGO

THE DIVISION OF THE PHYSICAL SCIENCES

DEPARTMENT OF CHEMISTRY

RECEIVED

1961



## 24 HR. SERVICES

Highland Psychiatric Services  
Highland Criminal Justice Inpatient Service  
Laurel House  
Amber House  
Aliso House  
Manzanita House  
Bay Area Community Services, Inc. Continuing Care  
Canyon Manor  
Villa Fairmount  
Berkeley Support Services  
Randon House  
\* La Cheim Group Home, Inc  
Garfield Geropsychiatric Subacute Facility  
Gladman Hospital  
\* Lincoln Child Center  
\* Fred Finch Youth Center  
Bonita House  
Berkeley Place  
Bonita House, Continuing Care  
Berkeley Place, Continuing Care  
Bonita House - H.U.D.  
Undesignated Bates Funds

\* Children's or Adolescent Program





NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                        |                                                                                                          |                            |                                                      |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------|
| COUNTY NAME: Alameda County                                                                                            | PROVIDER NAME: Highland Psychiatric Inpatient Svcs.<br>ADDRESS: 1411 E. 31st Street<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0101                                |
| COUNTY CODE: 01                                                                                                        | ZIP: 94602                                                                                               |                            |                                                      |
| PROGRAM: TREATMENT PROGRAM                                                                                             | CONTINUING CARE PROGRAM                                                                                  | SERVICE FUNCTION CODE: 10  | NUMBER OF MENTAL HEALTH BEDS: 36.0<br>(F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE             |                            |                                                      |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |       |      |       |     |       |       |     | TOTAL     |
|------------------------------------------|------------------------------|--------|-------|------|-------|-----|-------|-------|-----|-----------|
|                                          | MD                           |        |       | MDO  |       |     | MD/DD |       |     |           |
|                                          | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 27                           | 802    | 74    |      | 44    |     |       | 11    |     |           |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |     |       |       |     | 3,315,823 |
| (3) UNITS OF SERVICE                     | 265                          | 10,127 | 1,876 |      | 623   |     |       | 160   |     |           |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 23                           | 999    | 78    |      |       |     |       | 7     | 1   |           |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |     |       |       |     | 3,802,499 |
| (6) UNITS OF SERVICE                     | 134                          | 10,756 | 1,078 |      |       |     |       | 25    | 11  |           |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 25                           | 1,093  | 86    |      |       |     |       | 8     | 1   |           |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |     |       |       |     | 3,409,237 |
| (9) UNITS OF SERVICE                     | 147                          | 11,664 | 1,180 |      |       |     |       | 137   | 12  |           |

PRIMARY PROBLEMS TREATED- People who are considered to be a danger to themselves or others or gravely disabled; those in the acute states of mental disorder who do not meet the above criteria but for whom alternatives to treatment in Highland Psychiatric Emergency Service are considered inadequate or inappropriate.

## PROGRAM OBJECTIVES-

Provide 24-hour inpatient psychiatric services including medical examination, stabilization and treatment planning, extended crisis intervention, supportive therapies, patient education, placement and discharge planning.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                        |                                                          |                                               |                                                                             |
|----------------------------------------|----------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER           | (5) <u>4.25</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) <u>25.9</u> PSYCHIATRIC NURSE      | (6) <u>1.28</u> OTHER PHYSICIAN                          | (10) <u>7</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE             | (7) _____ LICENSED PHARMACIST                            | (11) <u>2</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                  |
| (4) <u>2</u> LICENSED VOCATIONAL NURSE | (8) <u>1</u> LICENSED PSYCHOLOGIST                       | (12) <u>11.5</u> OTHER SOCIAL WORKER          | (16) <u>6.25</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| * Dance Therapist .25                  | Nurse Specialist 2.0                                     | Clinical Instructor .5                        | (17) <u>1.5</u> VOLUNTEER AND STUDENT                                       |
| Occupational Therapist 1.75            | Supervising Therapist .75                                | Recreational Therapist 1.0                    |                                                                             |



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                       |                                                      |                                              |                                                   |
|-----------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|---------------------------------------------------|
| COUNTY NAME: Alameda                                                  | PROVIDER NAME: Highland Criminal Justice Inpat. Svc. | CATCHMENT AREA:                              | PROVIDER NUMBER:                                  |
| COUNTY CODE: 01                                                       | ADDRESS: 1411 E. 31st Street                         | Countywide                                   | 0101                                              |
|                                                                       | CITY: Oakland, CA                                    | ZIP: 94602                                   |                                                   |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                     | <u>CONTINUING CARE PROGRAM</u>                       | SERVICE FUNCTION CODE: 11                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 17.0 |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE         | (4) <input type="checkbox"/> CONTINUING CARE |                                                   |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                         |                                                      |                                              |                                                   |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL     |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|-----------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |           |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      | 458   | 8   |       |       |     |           |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 1,530,367 |
| (3) UNITS OF SERVICE                     |                              |       |     |      | 4,331 | 80  |       |       |     |           |
| FISCAL YEAR 1981-82 (1)                  | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      | 522   | 7   |       |       |     |           |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 1,974,690 |
| (6) UNITS OF SERVICE (2)                 |                              |       |     |      | 4,989 | 39  |       |       |     |           |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      | 644   | 9   |       |       |     |           |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 1,856,702 |
| (9) UNITS OF SERVICE (2)                 |                              |       |     |      | 6,157 | 48  |       |       |     |           |

PRIMARY PROBLEMS TREATED- Criminal Justice Inpatient Psychiatric Ward treats the whole spectrum of acute psychiatric disorders which necessitate hospitalizations. Additionally, the patients treated are under the jurisdiction of Alameda County Sheriff's

Dept.  
PROGRAM OBJECTIVES-

1) Provide quality, in-County, acute psychiatric care to inmates; 2) when appropriate, divert individuals from the criminal justice system.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                                          |                                                       |                                               |                                                             |
|----------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| (1) <u>10.25</u> NURSE PRACTITIONER                      | (5) <u>1</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) <u>  </u> OTHER PSYCHOLOGIST              | (13) <u>  </u> LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR |
| (2) <u>  </u> PSYCHIATRIC NURSE                          | (6) <u>.64</u> OTHER PHYSICIAN                        | (10) <u>3</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>  </u> REHABILITATION THERAPIST                     |
| (3) <u>  </u> REGISTERED NURSE                           | (7) <u>  </u> LICENSED PHARMACIST                     | (11) <u>2</u> LICENSED CLINICAL SOCIAL WORKER | (15) <u>  </u> UNLICENSED MENTAL HEALTH WORKER              |
| (4) <u>  </u> LICENSED VOCATIONAL NURSE                  | (8) <u>1</u> LICENSED PSYCHOLOGIST                    | (12) <u>15</u> OTHER SOCIAL WORKER            | (16) <u>2.5</u> * ALL OTHER PAID TREATMENT PERSONNEL        |
| (1) Includes cost for expansion of program in F.Y. 81-82 | * Recreational Therapist 1.0                          | (17) <u>1</u> VOLUNTEER AND STUDENT           |                                                             |
| (2) Reflects program expansion from 16-24 beds.          | Nurse Specialist 1.0                                  |                                               |                                                             |
|                                                          | Supervising Therapist .25                             | Clinical Instructor .25                       |                                                             |



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Bay Area Community Services

FISCAL YEAR 1982-83

|                                                                                                                        |                                                                                              |                            |                                                    |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                   | PROVIDER NAME: Laurel House<br>ADDRESS: 1649 - 28th Avenue<br>CITY: Oakland, CA              | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0102                              |
| COUNTY CODE: 01                                                                                                        | ZIP: 94601                                                                                   |                            |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                      | <u>CONTINUING CARE PROGRAM</u>                                                               | SERVICE FUNCTION CODE: 30  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 10.64 |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE |                            |                                                    |

| FISCAL YEAR 1980-81                          | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|----------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                              | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                              | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR     |                              | 217   |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST              |                              |       |     |      |       |     |       |       |     | 126,577 |
| (3) UNITS OF SERVICE                         |                              | 4,614 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR (1) |                              | 220   |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST              |                              |       |     |      |       |     |       |       |     | 91,683  |
| (6) UNITS OF SERVICE                         |                              | 3,884 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED (2)             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR     |                              | 110   |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST              |                              |       |     |      |       |     |       |       |     | 62,503  |
| (9) UNITS OF SERVICE                         |                              | 1,942 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Clients recently hospitalized who could benefit from subacute residential treatment; primary intake resources are Highland Inpatient and Napa State Hospital.

PROGRAM OBJECTIVES- Provide residential care and treatment including individualized treatment and discharge planning. Average LOS is 21 days, maximum LOS is 49 days.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                        |                                                    |                                            |                                                                                      |
|--------------------------------------------------------|----------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                           | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                              |
| (2) _____ PSYCHIATRIC NURSE                            | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                                  |
| (3) _____ REGISTERED NURSE                             | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) <sup>3.63</sup> _____ UNLICENSED MENTAL HEALTH WORKER                           |
| (4) _____ LICENSED VOCATIONAL NURSE                    | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <sup>33*</sup> _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Reflects program reduction of 4 beds in F.Y. 81-82 |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                                     |
| (2) Represents 6 months' funding, at this time.        |                                                    |                                            | *Director                                                                            |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
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- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Bay Area Community Services

FISCAL YEAR 1982-83

|                                                                                                                    |                                                 |                                              |                                                                 |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|
| COUNTY NAME: Alameda                                                                                               | PROVIDER NAME: Amber House                      | CATCHMENT AREA: 18, 19, 20<br>OAK./ALA       | PROVIDER NUMBER: 0102                                           |
| COUNTY CODE: 01                                                                                                    | ADDRESS: 516 - 31st Street<br>CITY: Oakland, CA | ZIP:                                         |                                                                 |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                  |                                                 | SERVICE FUNCTION CODE: 41                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) <u>Not Approp.</u> |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE |                                                 | (4) <input type="checkbox"/> CONTINUING CARE |                                                                 |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                      |                                                 |                                              |                                                                 |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |         |                       |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|---------|-----------------------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |         | MDO                   |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+     | 0-17                  | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 29    |         |                       |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |         |                       |       |     |       |       |     | 149,939 |
| (3) UNITS OF SERVICE                     |                              | 3,290 |         |                       |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+     | 0-17                  | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 5     |         |                       |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |         |                       |       |     |       |       |     | 2,607   |
| (6) UNITS OF SERVICE                     |                              | 10    |         |                       |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+     | 0-17                  | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | PROGRAM | PHASED OUT IN 1981-82 |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |         |                       |       |     |       |       |     |         |
| (9) UNITS OF SERVICE                     |                              |       |         |                       |       |     |       |       |     |         |

## PRIMARY PROBLEMS TREATED-

Program Discontinued in F.Y. 81-82

## PROGRAM OBJECTIVES-

Costs/Utilization reflect phase-out costs of program during July, 1981.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- Not applicable

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Bay Area Community Services

FISCAL YEAR 1982-83

|                                                                       |                                                               |                                              |                           |
|-----------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|---------------------------|
| COUNTY NAME: Alameda                                                  | PROVIDER NAME: Aliso House                                    | CATCHMENT AREA: 21 & 22                      | PROVIDER NUMBER: 0102     |
| COUNTY CODE: 01                                                       | ADDRESS: 22505 Woodroe Avenue<br>CITY: Hayward, CA ZIP: 94541 | HAY, CV, SLO, SLZ                            |                           |
| PROGRAM: TREATMENT PROGRAM                                            |                                                               | CONTINUING CARE PROGRAM                      |                           |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE                  | (4) <input type="checkbox"/> CONTINUING CARE | SERVICE FUNCTION CODE: 42 |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                         | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83)                  |                                              | 10.57                     |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 42    |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 189,881 |
| (3) UNITS OF SERVICE                     |                              | 4,606 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 36    |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 206,165 |
| (6) UNITS OF SERVICE                     |                              | 3,857 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 36    |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 206,348 |
| (9) UNITS OF SERVICE                     |                              | 3,857 |     |      |       |     |       |       |     |         |

## PRIMARY PROBLEMS TREATED-

Transitional living situation for adults recovering from psychiatric crisis.

PROGRAM OBJECTIVES- Provide 24-hour structured therapeutic milieu to facilitate transition into independent community living; to develop basic living skills in residents; to link residents with community services.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                            |                                                                             |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) <u>6.75</u> UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <u>1.0*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                            |

\* 1.0 Director



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care             | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

## Bay Area Community Services

|                                                                       |                                              |                                              |                                                   |
|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------------|
| COUNTY NAME: Alameda                                                  | PROVIDER NAME: Manzanita House               | CATCHMENT AREA: 23                           | PROVIDER NUMBER: 0102                             |
| COUNTY CODE: 01                                                       | ADDRESS: 33972 - 13th Street                 | Tri-City                                     |                                                   |
|                                                                       | CITY: Union City, CA                         | ZIP: 94587                                   |                                                   |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                     | <u>CONTINUING CARE PROGRAM</u>               | SERVICE FUNCTION CODE: 43                    | NUMBER OF MENTAL HEALTH BEDS: 9.56 (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                   |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                         |                                              |                                              |                                                   |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 51    |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 181,352 |
| (3) UNITS OF SERVICE                     |                              | 3,788 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 28    |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 206,356 |
| (6) UNITS OF SERVICE                     |                              | 3,490 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 28    |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 210,676 |
| (9) UNITS OF SERVICE                     |                              | 3,490 |     |      |       |     |       |       |     |         |

## PRIMARY PROBLEMS TREATED-

Transitional living situation for adults recovering from psychiatric crisis.

PROGRAM OBJECTIVES- Provide 24-hour structured therapeutic milieu to facilitate transition into independent community living; to develop basic living skills in residents; to link residents with community services.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                            |                                                                             |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) <u>6.25</u> UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <u>1.0*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    | * 1.0 Director                             | (17) _____ VOLUNTEER AND STUDENT                                            |



I. GENERAL

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II. HEADING INSTRUCTIONS

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- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Bay Area Community Services, Inc.

FISCAL YEAR 1982-83

COUNTY NAME: Alameda

PROVIDER NAME: Continuing Care  
ADDRESS: 2647 E. 14th Street  
CITY: Oakland, CA

CATCHMENT AREA:

PROVIDER NUMBER:

COUNTY CODE: 01

ZIP: 94601

Countywide

0102

PROGRAM: TREATMENT PROGRAM

CONTINUING CARE PROGRAM

SERVICE  
FUNCTION  
CODE:

44

NUMBER OF  
MENTAL HEALTH  
BEDS:  
(F.Y. 1982-83)

N/A

MODE OF (1) ☒ 24-HOUR CARE(3) ☐ OUTPATIENT CARE(4) ☐ CONTINUING CARESERVICE: (2) ☐ PARTIAL DAY CARE

| FISCAL YEAR 1980-81                          | AGE AND TARGET GROUPS SERVED |       |                       |      |       |     |       |       |     | TOTAL  |
|----------------------------------------------|------------------------------|-------|-----------------------|------|-------|-----|-------|-------|-----|--------|
|                                              | MD                           |       |                       | MDO  |       |     | MD/DD |       |     |        |
|                                              | 0-17                         | 18-64 | 65+                   | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR     |                              | 28    |                       |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST              |                              |       |                       |      |       |     |       |       |     | 13,106 |
| (3) UNITS OF SERVICE                         |                              | 1,133 |                       |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82 (1)                      | 0-17                         | 18-64 | 65+                   | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR     |                              | 11    |                       |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST              |                              |       |                       |      |       |     |       |       |     | 8,623  |
| (6) UNITS OF SERVICE                         |                              | 812   |                       |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED                 | 0-17                         | 18-64 | 65+                   | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR (2) |                              |       | DISCONTINUED IN 82-83 |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST              |                              |       |                       |      |       |     |       |       |     |        |
| (9) UNITS OF SERVICE                         |                              |       |                       |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Rollover funds for Bay Area Community Services Residential facilities.

PROGRAM OBJECTIVES- To provide cash flow for Board &amp; Care until potential SSI clients are certified for benefits at which time reimbursement is made to the fund. Should eligibility be denied, funds will pay for interim care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- Not applicable

(1) \_\_\_\_\_ NURSE PRACTITIONER

(5) \_\_\_\_\_ PSYCHIATRIST-BOARD CERTIFIED  
OR ELIGIBLE

(9) \_\_\_\_\_ OTHER PSYCHOLOGIST

(13) \_\_\_\_\_ LICENSED MARRIAGE FAMILY  
AND CHILD COUNSELOR

(2) \_\_\_\_\_ PSYCHIATRIC NURSE

(6) \_\_\_\_\_ OTHER PHYSICIAN

(10) \_\_\_\_\_ LICENSED PSYCHIATRIC  
TECHNICIAN

(14) \_\_\_\_\_ REHABILITATION THERAPIST

(3) \_\_\_\_\_ REGISTERED NURSE

(7) \_\_\_\_\_ LICENSED PHARMACIST

(11) \_\_\_\_\_ LICENSED CLINICAL  
SOCIAL WORKER(15) \_\_\_\_\_ UNLICENSED MENTAL HEALTH  
WORKER

(4) \_\_\_\_\_ LICENSED VOCATIONAL NURSE

(8) \_\_\_\_\_ LICENSED PSYCHOLOGIST

(12) \_\_\_\_\_ OTHER SOCIAL WORKER

(16) \_\_\_\_\_ ALL OTHER PAID TREATMENT  
PERSONNEL (SPECIFY ON ATTACHMENT)

(1) Portion of funds allocated to Bonita House &amp; Berkeley Place in F.Y. 81-82.

(17) \_\_\_\_\_ VOLUNTEER AND STUDENT

(2) Contract discontinued; services to be provided by M.H. Substitute Payee Program in F.Y. 82-83.



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                    |  |                                              |                          |                        |                                              |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--------------------------|------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                               |  | Canyon Manor, S.A.R.T.                       |                          | CATCHMENT AREA:        | PROVIDER NUMBER:                             |
| COUNTY CODE: 01                                                                                                    |  | PROVIDER NAME: Skilled Nursing Care          | ADDRESS: 655 Canyon Road | Countywide             | 0107                                         |
|                                                                                                                    |  | CITY: Novato, CA                             | ZIP: 94947               |                        |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                         |  | CONTINUING CARE PROGRAM                      |                          | SERVICE FUNCTION CODE: | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE |  | (4) <input type="checkbox"/> CONTINUING CARE |                          | 30                     | N/A                                          |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                      |  |                                              |                          |                        |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | N/A   |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 39,074 |
| (3) UNITS OF SERVICE                     |                              | 1,005 |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | N/A   |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 6,301  |
| (6) UNITS OF SERVICE                     |                              | 165   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |        |
| (9) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |        |

## PRIMARY PROBLEMS TREATED-

## PROGRAM OBJECTIVES-

Program discontinued in F.Y. 81-82. Cost/Utilization noted reflect transitional costs for Phase-Out during first three months of 81-82.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- Not Applicable

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Villa Fairmont Adult Subacute Facility

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                     |                           |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------|---------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Skilled Nursing Care | CATCHMENT AREA:           | PROVIDER NUMBER:                                  |
|                                                                                                                                                                 | ADDRESS: 15200 Foothill Blvd.       | Countywide                | 0113                                              |
| COUNTY CODE: 01                                                                                                                                                 | CITY: San Leandro, CA               | ZIP: 94578                |                                                   |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                                                               |                                     | SERVICE FUNCTION CODE: 30 | NUMBER OF MENTAL HEALTH BEDS: 90.0 (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                     |                           |                                                   |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |       |      |       |         |       |       |     | TOTAL     |
|------------------------------------------|------------------------------|--------|-------|------|-------|---------|-------|-------|-----|-----------|
|                                          | MD                           |        |       | MDO  |       |         | MD/DD |       |     |           |
|                                          | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+     | 0-17  | 18-64 | 65+ |           |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |        | S E E | F    | O O T | N O T E |       |       |     |           |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |         |       |       |     | 340,000   |
| (3) UNITS OF SERVICE                     |                              |        | S E E | F    | O O T | N O T E |       |       |     |           |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+     | 0-17  | 18-64 | 65+ |           |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 264    |       |      |       |         |       |       |     |           |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |         |       |       |     | 1,134,284 |
| (6) UNITS OF SERVICE                     |                              | 27,053 |       |      |       |         |       |       |     |           |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+     | 0-17  | 18-64 | 65+ |           |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 321    |       |      |       |         |       |       |     |           |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |         |       |       |     | 1,254,541 |
| (9) UNITS OF SERVICE                     |                              | 32,850 |       |      |       |         |       |       |     |           |

PRIMARY PROBLEMS TREATED- Adults (18-65) in acute and post-acute stages of chronic illness requiring intensive treatment in a secure residential facility.

PROGRAM OBJECTIVES- To provide highly structured intensive evaluation, treatment and stabilization with goal of returning residents to the community or to a facility with a lesser level of care.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                                |                                                        |                                               |                                                                             |
|--------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                   | (5) <u>.5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) _____ PSYCHIATRIC NURSE                                                    | (6) <u>.96</u> OTHER PHYSICIAN                         | (10) <u>8</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) <u>3</u> REGISTERED NURSE                                                  | (7) _____ LICENSED PHARMACIST                          | (11) _____ LICENSED CLINICAL SOCIAL WORKER    | (15) <u>18</u> UNLICENSED MENTAL HEALTH WORKER                              |
| (4) <u>5</u> LICENSED VOCATIONAL NURSE                                         | (8) _____ LICENSED PSYCHOLOGIST                        | (12) _____ OTHER SOCIAL WORKER                | (16) <u>2.8*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Represents development costs in 80-81 program operational by August, 1981. |                                                        |                                               |                                                                             |
| *1.0 Nursing Coord.<br>.8 Dir. Staff Dev.<br>1 Recreational Ther.              |                                                        |                                               |                                                                             |
| (17) _____ VOLUNTEER AND STUDENT                                               |                                                        |                                               |                                                                             |



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                    |                                              |                                              |                                                   |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------------|
| COUNTY NAME: Alameda                                                                                               | PROVIDER NAME: Berkeley Support Services     | CATCHMENT AREA: 17                           | PROVIDER NUMBER: 0118                             |
| COUNTY CODE: 01                                                                                                    | ADDRESS: P.O. Box 1996<br>CITY: Berkeley, CA | ZIP: 94701                                   |                                                   |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                  |                                              | SERVICE FUNCTION CODE: 30                    | NUMBER OF MENTAL HEALTH BEDS: 44.8 (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE |                                              | (4) <input type="checkbox"/> CONTINUING CARE |                                                   |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |          |     |                      |       |     |              |       |     | TOTAL  |
|------------------------------------------|------------------------------|----------|-----|----------------------|-------|-----|--------------|-------|-----|--------|
|                                          | MD                           |          |     | MDO                  |       |     | MD/DD        |       |     |        |
|                                          | 0-17                         | 18-64    | 65+ | 0-17                 | 18-64 | 65+ | 0-17         | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | BUDGETED |     | AS COMMUNITY SERVICE |       |     | IN 80-81 (1) |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |          |     |                      |       |     |              |       |     |        |
| (3) UNITS OF SERVICE                     |                              |          |     |                      |       |     |              |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64    | 65+ | 0-17                 | 18-64 | 65+ | 0-17         | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |          |     | SEE FOOTNOTE (1)     |       |     |              |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |          |     |                      |       |     |              |       |     | 45,263 |
| (6) UNITS OF SERVICE                     |                              |          |     |                      |       |     |              |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64    | 65+ | 0-17                 | 18-64 | 65+ | 0-17         | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 1,500    |     |                      |       |     |              |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |          |     |                      |       |     |              |       |     | 66,440 |
| (9) UNITS OF SERVICE                     |                              | 16,350   |     |                      |       |     |              |       |     |        |

PRIMARY PROBLEMS TREATED- Chronically mentally ill and/or homeless individuals who are at risk of hospitalization or incarceration.

PROGRAM OBJECTIVES- Provides support services, including crisis housing, mental health advocacy, money management, crisis counseling, representative payee, and SSI advocacy.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                                                                                                                           |                                                    |                                            |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                                                                                                              | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                                                                                                                                               | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                                                                                                                                                | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                                                                                                                                       | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) 3.75* ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Budgeted as Community Services in 81-82. Received Short-Doyle/Bates funds for emergency staffing needs and to provide funds for start-up costs for expanded facility. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                    |                                                                                 |                                                    |                       |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------|-----------------------|
| COUNTY NAME: Alameda                                                                                               | PROVIDER NAME: Randon House<br>ADDRESS: 1529 - 23rd Avenue<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide                         | PROVIDER NUMBER: 0125 |
| COUNTY CODE: 01                                                                                                    | ZIP: 94606                                                                      |                                                    |                       |
| PROGRAM: TREATMENT PROGRAM                                                                                         |                                                                                 | CONTINUING CARE PROGRAM                            |                       |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE |                                                                                 | SERVICE FUNCTION CODE: 40                          |                       |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                      |                                                                                 | (4) <input type="checkbox"/> CONTINUING CARE       |                       |
|                                                                                                                    |                                                                                 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 13.82 |                       |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 28    |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 222,701 |
| (3) UNITS OF SERVICE                     |                              | 5,206 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 25    |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 239,701 |
| (6) UNITS OF SERVICE                     |                              | 5,044 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 25    |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 249,861 |
| (9) UNITS OF SERVICE                     |                              | 5,044 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- This facility provides community-based residential treatment, vocational training and on-site training regarding basic living skills to severely chronically mentally disordered residents.

PROGRAM OBJECTIVES- 1) Minimize or eliminate institutionalization for residents; 2) maximize self-sufficiency, productivity and autonomy by promoting social and vocational skills; 3) alter residents' self image and role as being "sick" by de-emphasizing medical-model and reliance on psychotropic medication; 4) build and maintain social support network.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                            |                                                                            |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                    |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                        |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) <u>10.0</u> UNLICENSED MENTAL HEALTH WORKER                           |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <u>1.0</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                           |

\* Director



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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                    |                                                 |                                                             |                                                   |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|
| COUNTY NAME: Alameda                                                                                               | PROVIDER NAME: La Cheim Group Home, Inc. **     | CATCHMENT AREA: Alameda/Contra Costa/San Francisco Counties | PROVIDER NUMBER: 0127                             |
| COUNTY CODE: 01                                                                                                    | ADDRESS: #1 Bolivar Drive<br>CITY: Berkeley, CA | ZIP: 94710                                                  |                                                   |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                  |                                                 | SERVICE FUNCTION CODE: 40                                   | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 10.0 |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE |                                                 | (4) <input type="checkbox"/> CONTINUING CARE                |                                                   |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                      |                                                 |                                                             |                                                   |

| FISCAL YEAR 1980-81 (1)                  | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 205,542 |
| (3) UNITS OF SERVICE                     | 17                           |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 19                           |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 514,561 |
| (6) UNITS OF SERVICE                     | 3,037                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 27                           |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 641,991 |
| (9) UNITS OF SERVICE                     | 3,650                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Serves mentally disordered adolescents (13.5-17.5) discharged from State psychiatric hospitals and serves adolescents with severe mental disorders who would be admitted to State Hospitals without access to this program.

PROGRAM OBJECTIVES- To provide a structured program including (1) residential treatment in a group home setting, (2) day treatment services at La Cheim School, (3) collateral therapy to family members, (4) transition to a less restrictive level of care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

\* 1.0 Dir., Res. Treat. 1.0 Chief, Res. Program  
1.0 Asst. Director

- |                                                                                                  |                                                    |                                            |                                                                      |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                                     | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR              |
| (2) _____ PSYCHIATRIC NURSE                                                                      | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                  |
| (3) _____ REGISTERED NURSE                                                                       | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) 16.5 UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                                                              | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) 3.0* ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Became operational last month of F.Y. 80-81. Costs include program development and start-up. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                     |

\*\* Regional Program



**I. GENERAL**

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**II. HEADING INSTRUCTIONS**

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

**III. MATRIX INSTRUCTIONS**

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

**IV. NARRATIVE DESCRIPTION**

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Garfield Geropsychiatric Subacute Facility \*

FISCAL YEAR 1982-83

|                                                                                                                        |                                                                                              |                                                             |                                                       |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                   | PROVIDER NAME: Skilled Nursing Care                                                          | CATCHMENT AREA: Alameda/Contra Costa/San Francisco Counties | PROVIDER NUMBER: 0144                                 |
| COUNTY CODE: 01                                                                                                        | ADDRESS: 1451 - 28th Avenue<br>CITY: Oakland, CA<br>ZIP: 94601                               |                                                             |                                                       |
| PROGRAM: TREATMENT PROGRAM                                                                                             | CONTINUING CARE PROGRAM                                                                      | SERVICE FUNCTION CODE: 30                                   | NUMBER OF MENTAL HEALTH BEDS: 93.12<br>(F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE |                                                             |                                                       |

| FISCAL YEAR 1980-81 (1)                  | AGE AND TARGET GROUPS SERVED |       |        |      |       |     |       |       |     | TOTAL     |
|------------------------------------------|------------------------------|-------|--------|------|-------|-----|-------|-------|-----|-----------|
|                                          | MD                           |       |        | MDO  |       |     | MD/DD |       |     |           |
|                                          | 0-17                         | 18-64 | 65+    | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | 42     |      |       |     |       |       |     |           |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |        |      |       |     |       |       |     | 320,216   |
| (3) UNITS OF SERVICE                     |                              |       | 1,884  |      |       |     |       |       |     |           |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+    | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | 170    |      |       |     |       |       |     |           |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |        |      |       |     |       |       |     | 1,293,391 |
| (6) UNITS OF SERVICE                     |                              |       | 34,373 |      |       |     |       |       |     |           |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+    | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | 168    |      |       |     |       |       |     |           |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |        |      |       |     |       |       |     | 1,330,132 |
| (9) UNITS OF SERVICE                     |                              |       | 33,989 |      |       |     |       |       |     |           |

PRIMARY PROBLEMS TREATED- Older psychiatrically impaired persons in need of skilled nursing services; many have neurological and physical disorders which complicate treatment; many whose level of functioning reflects the effects of long-term institutionalization.

PROGRAM OBJECTIVES- 1) Provide alternative to acute local inpatient care and placement at Napa State Hospital; 2) provide treatment to effect improved functioning such that half of admissions can, in a period of six months, be clinically discharged to a less restrictive environment.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                                                                                                                                                             |                                                    |                                            |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                                                                                                                                                | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                    |
| (2) _____ PSYCHIATRIC NURSE                                                                                                                                                                                 | (6) <u>.04</u> OTHER PHYSICIAN<br>Medical Director | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>1.0</u> REHABILITATION THERAPIST                                   |
| (3) <u>5.0</u> REGISTERED NURSE                                                                                                                                                                             | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                 |
| (4) <u>9.0</u> LICENSED VOCATIONAL NURSE                                                                                                                                                                    | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <u>23.8</u> ** OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) First year of operation. Does not include costs/utilization for clients reimbursed through private Medi-Cal Program. These items were included in 81-82 to better reflect total service delivery level. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT<br>* Regional Program                     |

\*\* 1.0 Director of Nursing 22.0 Nursing Assts.

.8 Staff Dev.

\*\*



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- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

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For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

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For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Everett A. Gladman Memorial Hospital

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                               |                        |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Psychiatric Inpatient Services | CATCHMENT AREA:        | PROVIDER NUMBER:                             |
|                                                                                                                                                                 | ADDRESS: 2633 E. 27th Street                  |                        |                                              |
| COUNTY CODE: 01                                                                                                                                                 | CITY: Oakland, CA                             | ZIP: 94601             | Countywide 0180                              |
| PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM                                                                                                              |                                               | SERVICE FUNCTION CODE: | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                               | 10                     | 2.88                                         |
|                                                                                                                                                                 |                                               |                        |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 69                           | 282   | 11  |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 984,431 |
| (3) UNITS OF SERVICE                     | 1,005                        | 2,524 | 102 |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82(1)                   | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 73                           | 9     | 2   |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 285,805 |
| (6) UNITS OF SERVICE                     | 908                          | 116   | 26  |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 84                           |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 306,850 |
| (9) UNITS OF SERVICE                     | 1,050                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- All psychiatric diagnostic categories where short-term acute hospitalization is clinically appropriate.

The following categories are excluded from admission: medical emergencies, contagious disease and persons whose medical-surgical complications would preclude them from participation in a therapeutic program.

## PROGRAM OBJECTIVES-

- 1) Reduce State Hospital utilization; 2) provide an average length of stay of less than 10 days; 3) discharge 50% of patients to independent living, 34% to other less restrictive settings.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                    |                                                   |                                           |                                                                             |
|------------------------------------|---------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____NURSE PRACTITIONER        | (5) _____PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____OTHER PSYCHOLOGIST               | (13) _____LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                      |
| (2) <u>85.0</u> PSYCHIATRIC NURSE  | (6) <u>.5</u> OTHER PHYSICIAN                     | (10) _____LICENSED PSYCHIATRIC TECHNICIAN | (14) _____REHABILITATION THERAPIST                                          |
| (3) _____REGISTERED NURSE          | (7) _____LICENSED PHARMACIST                      | (11) _____LICENSED CLINICAL SOCIAL WORKER | (15) _____UNLICENSED MENTAL HEALTH WORKER                                   |
| (4) _____LICENSED VOCATIONAL NURSE | (8) _____LICENSED PSYCHOLOGIST                    | (12) <u>2.5</u> OTHER SOCIAL WORKER       | (16) <u>1.0*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |

- (1) Program reduced to funding for 3 beds in 81-82, due to opening of Villa Fairmont facility. \* 1.0 Psychotherapist (17) \_\_\_\_\_VOLUNTEER AND STUDENT



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                       |                                              |                                              |                                                   |
|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------------|
| COUNTY NAME: Alameda                                                  | PROVIDER NAME: Lincoln Child Center          | CATCHMENT AREA:                              | PROVIDER NUMBER:                                  |
|                                                                       | ADDRESS: 4368 Lincoln Avenue                 |                                              |                                                   |
| COUNTY CODE: 01                                                       | CITY: Oakland, CA                            | ZIP: 94612                                   | Countywide 0183                                   |
| PROGRAM: TREATMENT PROGRAM                                            | CONTINUING CARE PROGRAM                      | SERVICE FUNCTION CODE: 40                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 5.53 |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                   |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                         |                                              |                                              |                                                   |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 6                            |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 162,646 |
| (3) UNITS OF SERVICE                     | 1,879                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 8                            |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 168,921 |
| (6) UNITS OF SERVICE                     | 1,720                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 9                            |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 206,080 |
| (9) UNITS OF SERVICE                     | 2,020                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- The child (6-11) who reacts to life's experiences by aggressive and destructive behavior. The child whose problems are turned inward, causing depression, withdrawal or self-destruction. The symptom patterns may include phobias, somatic complaints, pseudo-retardation; enuresis, etc.

## PROGRAM OBJECTIVES-

To provide patients days of 24-hour residential treatment services; to provide extended psychosocial diagnoses and treatment plans for new admission; collateral psychotherapeutic interviews for family members; collateral contacts with schools and other community agencies.

- |                                     |                                                    |                                            |                                                                              |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                      |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                          |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                   |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) <u>2.0</u> OTHER SOCIAL WORKER        | (16) <u>21.75</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| * 1.0 Program Director              | 1.0 Group Living Supv.                             |                                            | (17) _____ VOLUNTEER AND STUDENT                                             |
| 19.75 Counselors                    |                                                    |                                            |                                                                              |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                     |                                                                                              |                            |                                                  |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                | PROVIDER NAME: Fred Finch Youth Center<br>ADDRESS: 3800 Coolidge Avenue<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0184                            |
| COUNTY CODE: 01                                                                                                     | ZIP: 94602                                                                                   |                            |                                                  |
| PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM                                                                  |                                                                                              | SERVICE FUNCTION CODE: 40  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 4.0 |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE    |                            |                                                  |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 8                            |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 142,987 |
| (3) UNITS OF SERVICE                     | 1,310                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 8                            |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 139,493 |
| (6) UNITS OF SERVICE                     | 1,291                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 9                            |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 169,360 |
| (9) UNITS OF SERVICE                     | 1,460                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Youth whose severe emotional disturbance prevents treatment in outpatient or day treatment facilities.

PROGRAM OBJECTIVES- To provide approximately 1,460 patient days to S/D residents including the following services: individual, group, family and milieu therapy, individualized educational program, recreational activities; psychiatric and psychological evaluation.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                     |                                                         |                                            |                                                                              |
|-------------------------------------|---------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>.50</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                      |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                               | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                          |
| (3) <u>1.0</u> REGISTERED NURSE     | (7) _____ LICENSED PHARMACIST                           | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                   |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                         | (12) <u>5.0</u> OTHER SOCIAL WORKER        | (16) <u>39.84</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| *4.90 Nursing Assistant             | 1.0 Recreation Worker                                   | .94 Program Director                       | (17) _____ VOLUNTEER AND STUDENT                                             |
| 1.00 Reading Therapist              | 1.0 Occupational Therapist                              |                                            |                                                                              |
| 1.00 Program Coordinator            | 30.0 Child Care Workers                                 |                                            |                                                                              |



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

City of Berkeley

FISCAL YEAR 1982-83

|                                                                       |                                              |                           |                                                    |
|-----------------------------------------------------------------------|----------------------------------------------|---------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                  | PROVIDER NAME: Bonita House                  | CATCHMENT AREA: 17        | PROVIDER NUMBER:                                   |
| COUNTY CODE: 01                                                       | ADDRESS: P.O. Box 4766                       | 17                        |                                                    |
|                                                                       | CITY: Berkeley, CA                           | Berkeley/Albany           | 0197                                               |
| PROGRAM: TREATMENT PROGRAM                                            | CONTINUING CARE PROGRAM                      | SERVICE FUNCTION CODE: 40 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 13.21 |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE |                           |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                         | (4) <input type="checkbox"/> CONTINUING CARE |                           |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 31    |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 179,463 |
| (3) UNITS OF SERVICE                     |                              | 4,761 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 36    |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST<br>(1)   |                              |       |     |      |       |     |       |       |     | 213,693 |
| (6) UNITS OF SERVICE                     |                              | 4,823 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83<br>BUDGETED          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 36    |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 224,378 |
| (9) UNITS OF SERVICE                     |                              | 4,823 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED-

PROGRAM OBJECTIVES-

See Program Description included in City of Berkeley Short-Doyle Mental Health Plan.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

\* 5.0 Counselors (Level 1-4)

- |                                     |                                                    |                                                       |                                                                                   |
|-------------------------------------|----------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                          | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                           |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN            | (14) _____ REHABILITATION THERAPIST                                               |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) <u>1.0</u> _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                        |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER                        | (16) <u>5.0*</u> _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                                       | (17) _____ VOLUNTEER AND STUDENT                                                  |
- (1) Program received augmentation in 81-82 due to loss of CETA funding.



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

City of Berkeley

FISCAL YEAR 1982-83

|                                                                       |                                              |                                              |                                                   |
|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------------|
| COUNTY NAME: Alameda                                                  | PROVIDER NAME: Berkeley Place                | CATCHMENT AREA: 17                           | PROVIDER NUMBER: 0197                             |
| COUNTY CODE: 01                                                       | ADDRESS: P.O. Box 4766                       | ZIP: 94704                                   | Berkeley/Albany                                   |
| PROGRAM: TREATMENT PROGRAM                                            | CONTINUING CARE PROGRAM                      | SERVICE FUNCTION CODE: 41                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 7.95 |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                   |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                         |                                              |                                              |                                                   |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 35    |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 139,096 |
| (3) UNITS OF SERVICE                     |                              | 3,462 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 21    |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST<br>(5)   |                              |       |     |      |       |     |       |       |     | 166,812 |
| (6) UNITS OF SERVICE                     |                              | 2,435 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83<br>BUDGETED          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 25    |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 175,153 |
| (9) UNITS OF SERVICE                     |                              | 2,900 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED-

PROGRAM OBJECTIVES-

See Program Description included in City of Berkeley Short-Doyle Mental Health Plan.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

(1) NURSE PRACTITIONER

(5) PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE

(9) OTHER PSYCHOLOGIST

\* 1.0 Clinical Psychologist  
5.0 Counselors

(2) PSYCHIATRIC NURSE

(6) OTHER PHYSICIAN

(10) LICENSED PSYCHIATRIC TECHNICIAN

(13) LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR

(3) REGISTERED NURSE

(7) LICENSED PHARMACIST

(11) LICENSED CLINICAL SOCIAL WORKER

(14) REHABILITATION THERAPIST

(4) LICENSED VOCATIONAL NURSE

(8) LICENSED PSYCHOLOGIST

(12) OTHER SOCIAL WORKER

(15) UNLICENSED MENTAL HEALTH WORKER

(16) 6.0\* ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT)

(1) Program received augmentation in F.Y. 81-82 due to loss of CETA funding.

(17) VOLUNTEER AND STUDENT



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

City of Berkeley

FISCAL YEAR 1982-83

|                                                                       |                                               |                                              |                                                  |
|-----------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|--------------------------------------------------|
| COUNTY NAME: Alameda                                                  | PROVIDER NAME: Bonita House - Continuing Care | CATCHMENT AREA: 17                           | PROVIDER NUMBER: 0197                            |
| COUNTY CODE: 01                                                       | ADDRESS: P.O. Box 4766                        | Berkeley/Albany                              |                                                  |
|                                                                       | CITY: Berkeley, CA                            | ZIP: 94709                                   |                                                  |
| PROGRAM: TREATMENT PROGRAM                                            | CONTINUING CARE PROGRAM                       | SERVICE FUNCTION CODE: 42                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) N/A |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE  | (4) <input type="checkbox"/> CONTINUING CARE |                                                  |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                         |                                               |                                              |                                                  |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |           |                 |        |       |      |       |       |     | TOTAL |
|------------------------------------------|------------------------------|-----------|-----------------|--------|-------|------|-------|-------|-----|-------|
|                                          | MD                           |           |                 | MDO    |       |      | MD/DD |       |     |       |
|                                          | 0-17                         | 18-64     | 65+             | 0-17   | 18-64 | 65+  | 0-17  | 18-64 | 65+ |       |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |           | NOT             | FUNDED | IN    | THIS | YEAR  |       |     |       |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |           |                 |        |       |      |       |       |     |       |
| (3) UNITS OF SERVICE                     |                              | 2<br>Est. |                 |        |       |      |       |       |     |       |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64     | 65+             | 0-17   | 18-64 | 65+  | 0-17  | 18-64 | 65+ |       |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 42        |                 |        |       |      |       |       |     |       |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |           |                 |        |       |      |       |       |     | 545   |
| (6) UNITS OF SERVICE                     |                              |           |                 |        |       |      |       |       |     |       |
| FISCAL YEAR 1982-83<br>BUDGETED (1)      | 0-17                         | 18-64     | 65+             | 0-17   | 18-64 | 65+  | 0-17  | 18-64 | 65+ |       |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |           | DISCONTINUED IN | 82-83  |       |      |       |       |     |       |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |           |                 |        |       |      |       |       |     |       |
| (9) UNITS OF SERVICE                     |                              |           |                 |        |       |      |       |       |     |       |

PRIMARY PROBLEMS TREATED- Rollover funds for Bay Area Community Services Residential facilities.

PROGRAM OBJECTIVES- To provide cash flow for Board &amp; Care until potential SSI clients are certified for benefits at which time reimbursement is made to the fund. Should eligibility be denied, funds will pay for interim care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- Not applicable

- |                                                                                      |                                                    |                                            |                                                                       |
|--------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                         | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                                                          | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                                                           | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                                                  | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Services to be provided by Mental Health Substitute Payee Program in F.Y. 82-83. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

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- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

City of Berkeley

FISCAL YEAR 1982-83

|                                                                                                                    |                                                 |                                                  |                       |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-----------------------|
| COUNTY NAME: Alameda                                                                                               | PROVIDER NAME: Berkeley Place - Continuing Care | CATCHMENT AREA: 17                               | PROVIDER NUMBER: 0197 |
| COUNTY CODE: 01                                                                                                    | ADDRESS: P.O. Box 4766<br>CITY: Berkeley, CA    | ZIP: 94704                                       | Berkeley/Albany       |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                  |                                                 | CONTINUING CARE PROGRAM                          |                       |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE |                                                 | SERVICE FUNCTION CODE: 43                        |                       |
| (2) <input type="checkbox"/> PARTIAL DAY CARE (4) <input type="checkbox"/> CONTINUING CARE                         |                                                 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) N/A |                       |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |                       |        |       |      |       |       |     | TOTAL |     |
|------------------------------------------|------------------------------|-------|-----------------------|--------|-------|------|-------|-------|-----|-------|-----|
|                                          | MD                           |       |                       | MDO    |       |      | MD/DD |       |     |       |     |
|                                          | 0-17                         | 18-64 | 65+                   | 0-17   | 18-64 | 65+  | 0-17  | 18-64 | 65+ |       |     |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | NOT                   | FUNDED | IN    | THIS | YEAR  |       |     |       |     |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |                       |        |       |      |       |       |     |       |     |
| (3) UNITS OF SERVICE                     |                              |       |                       |        |       |      |       |       |     |       |     |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+                   | 0-17   | 18-64 | 65+  | 0-17  | 18-64 | 65+ |       |     |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 2     |                       |        |       |      |       |       |     |       |     |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |                       |        |       |      |       |       |     |       | 280 |
| (6) UNITS OF SERVICE                     |                              | 61    |                       |        |       |      |       |       |     |       |     |
| FISCAL YEAR 1982-83 BUDGETED (1)         | 0-17                         | 18-64 | 65+                   | 0-17   | 18-64 | 65+  | 0-17  | 18-64 | 65+ |       |     |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | DISCONTINUED IN 82-83 |        |       |      |       |       |     |       |     |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |                       |        |       |      |       |       |     |       |     |
| (9) UNITS OF SERVICE                     |                              |       |                       |        |       |      |       |       |     |       |     |

PRIMARY PROBLEMS TREATED- Rollover funds for Bay Area Community Services Residential facilities.

PROGRAM OBJECTIVES- To provide cash flow for Board &amp; Care until potential SSI clients are certified for benefits at which time reimbursement is made to the fund. Should eligibility be denied, funds will pay for interim care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- Not applicable

- |                                                                                      |                                                    |                                            |                                                                       |
|--------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                         | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                                                          | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                                                           | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                                                  | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Services to be provided by Mental Health Substitute Payee Program in F.Y. 82-83. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



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- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current, budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

City of Berkeley

FISCAL YEAR 1982-83

|                      |                                      |                    |                       |
|----------------------|--------------------------------------|--------------------|-----------------------|
| COUNTY NAME: Alameda | PROVIDER NAME: Bonita House - H.U.D. | CATCHMENT AREA: 17 | PROVIDER NUMBER: 0197 |
| COUNTY CODE: 01      | ADDRESS: 2180 Milvia Street          | Berkeley/Albany    |                       |
|                      | CITY: Berkeley, CA                   | ZIP: 94704         |                       |

|                                                                       |                                              |                                              |                                                  |
|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|--------------------------------------------------|
| PROGRAM: TREATMENT PROGRAM                                            | CONTINUING CARE PROGRAM                      | SERVICE FUNCTION CODE: 44                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) N/A |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                  |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                         |                                              |                                              |                                                  |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | N/A   |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 24,320 |
| (6) UNITS OF SERVICE                     |                              | N/A   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |        |
| (9) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED-

PROGRAM OBJECTIVES-

One-time funds only for equipment and supplies.  
Provided by Short-Doyle/Bates (via H.U.D. funds)

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- Not applicable

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                      |                                         |                                |                                     |
|----------------------|-----------------------------------------|--------------------------------|-------------------------------------|
| COUNTY NAME: Alameda | PROVIDER NAME: Undesignated Bates Funds | CATCHMENT AREA: Not Designated | PROVIDER NUMBER: Not Yet Designated |
| COUNTY CODE: 01      | ADDRESS: CITY: ZIP:                     |                                |                                     |

|                                                                                                                     |                                                                                           |                        |                                              |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------|----------------------------------------------|
| PROGRAM: TREATMENT PROGRAM                                                                                          | CONTINUING CARE PROGRAM                                                                   | SERVICE FUNCTION CODE: | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input checked="" type="checkbox"/> 24-HOUR CARE (2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                        |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |       |      |       |            |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|--------|-------|------|-------|------------|-------|-------|-----|--------|
|                                          | MD                           |        |       | MDO  |       |            | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+        | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |        |       |      |       |            |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |            |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |        |       |      |       |            |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+        | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |        |       |      |       |            |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |            |       |       |     |        |
| (6) UNITS OF SERVICE                     |                              |        |       |      |       |            |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+   | 0-17 | 18-64 | 65+        | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |        | FUNDS | NOT  | YET   | DESIGNATED |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |       |            |       |       |     | 31,111 |
| (9) UNITS OF SERVICE                     |                              | 31,111 |       |      |       |            |       |       |     |        |

PRIMARY PROBLEMS TREATED-

PROGRAM OBJECTIVES-

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



**I. GENERAL**

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHS service activities.

**II. HEADING INSTRUCTIONS**

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

**III. MATRIX INSTRUCTIONS**

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

**IV. NARRATIVE DESCRIPTION**

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



## PARTIAL DAY AND DAY TREATMENT

- East Oakland Adult Partial Day Care
  - Eden Adult Partial Day Care
  - South Region Day Treatment
  - Central Oakland Adult Partial Day Care
  - Tri-City Adult Partial Day Care
  - Valley Adult Partial Day Care
  - Alameda Adult Partial Day Care
  - Laurel House
  - \* La Familia Day Treatment Program
  - Canyon Manor
  - \* La Cheim Day Treatment Program
  - \* Pacific Community Children's Day Treatment
  - \* Alpha Plus (Circle Pre-school)
  - West Oakland Health Center Day Treatment
  - Gladman Day Treatment
  - Garfield Day Treatment
  - Villa Fairmount Day Treatment
  - \* East Bay Activity Center
  - \* Lincoln Child Center Day Treatment
  - \* Fred Finch Day Treatment
  - City of Berkeley Day Treatment
- 
- \* Children's or Adolescent Program

1. The first part of the report is a general introduction to the project. It describes the purpose of the study, the objectives, and the scope of the work. It also provides a brief overview of the methodology used in the study.

2. The second part of the report is a detailed description of the methodology used in the study. It includes a description of the data sources, the data collection methods, and the data analysis methods. It also includes a description of the statistical tests used in the study.

3. The third part of the report is a detailed description of the results of the study. It includes a description of the data, the statistical results, and the conclusions drawn from the results.

| Table 1: Summary of Results |       |
|-----------------------------|-------|
| Variable                    | Value |
| Mean                        | 1.2   |
| Standard Deviation          | 0.5   |
| Minimum                     | 0.5   |
| Maximum                     | 2.0   |
| Median                      | 1.0   |
| Mode                        | 1.0   |
| Range                       | 1.5   |
| Skewness                    | 0.2   |
| Kurtosis                    | 0.1   |

4. The fourth part of the report is a detailed description of the conclusions drawn from the results. It includes a description of the findings, the implications of the findings, and the recommendations for future research.

5. The fifth part of the report is a detailed description of the limitations of the study. It includes a description of the limitations of the data, the methodology, and the conclusions.

6. The sixth part of the report is a detailed description of the references used in the study. It includes a list of the references and a brief description of each reference.

7. The seventh part of the report is a detailed description of the appendices. It includes a description of the appendices and a brief description of each appendix.

8. The eighth part of the report is a detailed description of the index. It includes a description of the index and a brief description of each index.

9. The ninth part of the report is a detailed description of the glossary. It includes a description of the glossary and a brief description of each glossary.

10. The tenth part of the report is a detailed description of the bibliography. It includes a description of the bibliography and a brief description of each bibliography.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                      |                                                           |                                              |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|-----------------------|
| COUNTY NAME: Alameda                                                                                                                                 | PROVIDER NAME: East Oakland Adult Partial Day Care        | CATCHMENT AREA: 20                           | PROVIDER NUMBER: 0108 |
| COUNTY CODE: 01                                                                                                                                      | ADDRESS: 10 Eastmont Mall<br>CITY: Oakland, CA ZIP: 94605 | East Oakland                                 |                       |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                                                    |                                                           | CONTINUING CARE PROGRAM                      |                       |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                           | SERVICE FUNCTION CODE: 20                    |                       |
| SERVICE: (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE                                                                                    |                                                           | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |                       |

| FISCAL YEAR 1980-81 (1)                  | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 106   |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 50,834  |
| (3) UNITS OF SERVICE                     |                              | 729   |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 161   |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 288,000 |
| (6) UNITS OF SERVICE                     |                              | 5,021 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 175   |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 334,419 |
| (9) UNITS OF SERVICE                     |                              | 5,451 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Persons who are chronically ill and who appear at the risk of mental status deterioration and/or hospitalization.

PROGRAM OBJECTIVES- To provide a structured treatment program to assist chronically severely mentally ill individuals to maintain and/or restore personal independence, to sustain and improve the clients' level of psycho-social functioning and prevent their return to a more restrictive and costly level of care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- See East Oakland Adult

- |                                                                 |                                                    |                                            |                                                                       |
|-----------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                    | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                                     | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                                      | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                             | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Partial day component of program established in F.Y. 81-82. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups: MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.  
MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.  
MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

COUNTY NAME: Alameda PROVIDER NAME: Eden Adult Partial Day Care CATCHMENT AREA: 21-22 PROVIDER NUMBER:  
 COUNTY CODE: 01 ADDRESS: 15400 Foothill Blvd., Bldg. E HAY, CV, SLO, SLZ  
 CITY: San Leandro, CA ZIP: 94578 0112

PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM  
 MODE OF (1) ☐ 24-HOUR CARE (3) ☐ OUTPATIENT CARE (4) ☐ CONTINUING CARE  
 SERVICE: (2) ☒ PARTIAL DAY CARE SERVICE FUNCTION CODE: 20 NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83)

| FISCAL YEAR 1980-81 (1)                  | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 32    |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 28,293 |
| (3) UNITS OF SERVICE                     |                              | 345   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 58    |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 47,382 |
| (6) UNITS OF SERVICE                     |                              | 800   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 76    |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 50,686 |
| (9) UNITS OF SERVICE                     |                              | 1,048 |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Persons who are chronically mentally ill and who appear at the risk of mental status deterioration and/or hospitalization.

PROGRAM OBJECTIVES- To provide a structured treatment program to assist chronically severely mentally ill individuals to maintain and/or restore personal independence, to sustain and improve the clients' level of psycho-social functioning and prevent their return to a more restrictive and costly level of care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- See Eden Adult Outpatient Service

- |                                                      |                                                    |                                            |                                                                       |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                         | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                          | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                           | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                  | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Program component established in mid F.Y. 80-81. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                                                               |                                                                                                             |                                     |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                                                                          | PROVIDER NAME: South Region Day Treatment<br>ADDRESS: 15200 Foothill Blvd. Bldg. D<br>CITY: San Leandro, CA | CATCHMENT AREA: 21-24<br>So. County | PROVIDER NUMBER: 0112                        |
| COUNTY CODE: 01                                                                                                                                                                                               | ZIP: 94578                                                                                                  |                                     |                                              |
| PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM                                                                                                                                                            |                                                                                                             | SERVICE FUNCTION CODE: 23/24        | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                             |                                     |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 164   |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 443,070 |
| (3) UNITS OF SERVICE                     |                              | 5,383 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 177   |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 460,228 |
| (6) UNITS OF SERVICE                     |                              | 5,625 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 255   |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 472,783 |
| (9) UNITS OF SERVICE                     |                              | 8,101 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Persons at acute risk of psychiatric hospitalization.

PROGRAM OBJECTIVES- To provide a structured five-day-per-week therapeutic milieu and in doing so, to reduce the frequency of hospital admissions and length of hospital stay of clients.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                    |                                                         |                                               |                                                                       |
|----------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                       | (5) <u>1.0</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) <u>1</u> PSYCHIATRIC NURSE (Clinical Nurse II) | (6) _____ OTHER PHYSICIAN                               | (10) <u>1</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>3</u> REHABILITATION THERAPIST                                |
| (3) _____ REGISTERED NURSE                         | (7) _____ LICENSED PHARMACIST                           | (11) <u>2</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                | (8) _____ LICENSED PSYCHOLOGIST                         | (12) _____ OTHER SOCIAL WORKER                | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                                    |                                                         |                                               | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                  |                           |                                              |
|------------------------------------------------------------|--------------------------------------------------|---------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: Central Oakland Adult Partial Day | CATCHMENT AREA: 18        | PROVIDER NUMBER: 0120                        |
| COUNTY CODE: 01                                            | ADDRESS: 285 - 17th Street                       | Central Oakland           |                                              |
|                                                            | CITY: Oakland, CA                                | ZIP: 94612                |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>                   | SERVICE FUNCTION CODE: 20 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE     |                           |                                              |
| (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE   | (4) <input type="checkbox"/> CONTINUING CARE     |                           |                                              |

| FISCAL YEAR 1980-81(1)                   | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 67    |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 48,856  |
| (3) UNITS OF SERVICE                     |                              | 704   |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 109   |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 136,944 |
| (6) UNITS OF SERVICE                     |                              | 1,328 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 182   |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 155,354 |
| (9) UNITS OF SERVICE                     |                              | 2,222 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Persons who are chronically mentally ill and who appear at the risk of mental status deterioration and/or hospitalization.

PROGRAM OBJECTIVES- To provide a structured treatment program to assist chronically severely mentally ill individuals to maintain and/or restore personal independence, to sustain and improve the clients' level of psycho-social functioning and prevent their return to a more restrictive and costly level of care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- See Central Oakland Adult Outpatient

- |                                                      |                                                    |                                            |                                                                       |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                         | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                          | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                           | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                  | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Program component established in mid F.Y. 80-81. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                     |                                                                                           |                           |                                              |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                | PROVIDER NAME: Tri-City Adult Partial Day Care                                            | CATCHMENT AREA: 23        | PROVIDER NUMBER: 0122                        |
| COUNTY CODE: 01                                                                                                     | ADDRESS: 38238 Glenmore Drive                                                             | Tri-City                  |                                              |
|                                                                                                                     | CITY: Fremont, CA                                                                         | ZIP: 94536                |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                          | CONTINUING CARE PROGRAM                                                                   | SERVICE FUNCTION CODE: 20 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                           |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 50    |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 57,935 |
| (3) UNITS OF SERVICE                     |                              | 784   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 36    |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 45,994 |
| (6) UNITS OF SERVICE                     |                              | 501   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 55    |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 53,450 |
| (9) UNITS OF SERVICE                     |                              | 765   |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Persons who are chronically mentally ill and who appear at the risk of mental status deterioration and/or hospitalization.

PROGRAM OBJECTIVES- To provide a structured treatment program to assist chronically severely mentally ill individuals to maintain and/or restore personal independence, to sustain and improve the clients' level of psycho-social functioning and prevent their return to a more restrictive and costly level of care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- See Tri-City Adult Outpatient

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups: MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.  
 MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.  
 MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                      |                                                                  |                              |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                 | PROVIDER NAME: Valley Adult Partial Day Care                     | CATCHMENT AREA: 24<br>Valley | PROVIDER NUMBER: 0132                        |
| COUNTY CODE: 01                                                                                                                                      | ADDRESS: 3720 Hopyard Road<br>CITY: Pleasanton, CA<br>ZIP: 94566 |                              |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                                                    |                                                                  | SERVICE FUNCTION CODE: 20    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                  |                              |                                              |
| (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE                                                                                             |                                                                  |                              |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 25    |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 42,790 |
| (3) UNITS OF SERVICE                     |                              | 571   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 20    |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 38,922 |
| (6) UNITS OF SERVICE                     |                              | 407   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 20    |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 28,051 |
| (9) UNITS OF SERVICE                     |                              | 402   |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Persons who are chronically mentally ill and who appear at the risk of mental status deterioration and/or hospitalization.

PROGRAM OBJECTIVES- To provide a structured treatment program to assist chronically mentally ill individuals to maintain and/or restore personal independence, to sustain and improve the clients' level of psycho-social functioning and prevent their return to a more restrictive and costly level of care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- See Valley Adult Outpatient

- |                                    |                                                      |                                              |                                                                         |
|------------------------------------|------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------|
| (1) _____NURSE PRACTITIONER        | (5) _____PSYCHIATRIST-BOARD CERTIFIED<br>OR ELIGIBLE | (9) _____OTHER PSYCHOLOGIST                  | (13) _____LICENSED MARRIAGE FAMILY<br>AND CHILD COUNSELOR               |
| (2) _____PSYCHIATRIC NURSE         | (6) _____OTHER PHYSICIAN                             | (10) _____LICENSED PSYCHIATRIC<br>TECHNICIAN | (14) _____REHABILITATION THERAPIST                                      |
| (3) _____REGISTERED NURSE          | (7) _____LICENSED PHARMACIST                         | (11) _____LICENSED CLINICAL<br>SOCIAL WORKER | (15) _____UNLICENSED MENTAL HEALTH<br>WORKER                            |
| (4) _____LICENSED VOCATIONAL NURSE | (8) _____LICENSED PSYCHOLOGIST                       | (12) _____OTHER SOCIAL WORKER                | (16) _____ALL OTHER PAID TREATMENT<br>PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                    |                                                      |                                              | (17) _____VOLUNTEER AND STUDENT                                         |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                               |                                              |                                              |
|------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: Alameda Adult Partial Day Care | CATCHMENT AREA: 19                           | PROVIDER NUMBER: 0152                        |
| COUNTY CODE: 01                                            | ADDRESS: 2226 Santa Clara Avenue              | Alameda                                      |                                              |
|                                                            | CITY: Alameda, CA                             | ZIP: 94501                                   |                                              |
| PROGRAM: TREATMENT PROGRAM                                 | CONTINUING CARE PROGRAM                       | SERVICE FUNCTION CODE: 20                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE  | (4) <input type="checkbox"/> CONTINUING CARE |                                              |
| (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE   |                                               |                                              |                                              |

| FISCAL YEAR 1980-81 (1)                  | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 35    |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 18,721 |
| (3) UNITS OF SERVICE                     |                              | 368   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 28    |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 29,802 |
| (6) UNITS OF SERVICE                     |                              | 363   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 41    |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 37,102 |
| (9) UNITS OF SERVICE                     |                              | 531   |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Persons who are chronically mentally ill and who appear at the risk of mental status deterioration and/or hospitalization.

PROGRAM OBJECTIVES- To provide a structured treatment program to assist chronically severely mentally ill individuals to maintain and/or restore personal independence, to sustain and improve the clients' level of psycho-social functioning and prevent their return to a more restrictive and costly level of care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- See Alameda Adult Outpatient

- |                                                      |                                                    |                                            |                                                                       |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                         | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                          | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                           | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                  | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Program component established in mid F.Y. 80-81. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

## Bay Area Community Services

|                                                                                                                        |                                                                                              |                            |                                              |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                   | PROVIDER NAME: Laurel House<br>ADDRESS: 1649 - 28th Avenue<br>CITY: Oakland, CA              | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0102                        |
| COUNTY CODE: 01                                                                                                        | ZIP: 94601                                                                                   |                            |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                             | CONTINUING CARE PROGRAM                                                                      | SERVICE FUNCTION CODE: 20  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input checked="" type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 217   |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 297,283 |
| (3) UNITS OF SERVICE                     |                              | 4,614 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 220   |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 301,905 |
| (6) UNITS OF SERVICE                     |                              | 3,884 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED (1)         | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 110   |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 140,180 |
| (9) UNITS OF SERVICE                     |                              | 1,942 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Clients recently hospitalized who could benefit from subacute residential treatment; primary intake resources are Highland Inpatient and Napa State Hospital.

PROGRAM OBJECTIVES- Provide residential care and treatment including individualized treatment and discharge planning. Average LOS is 21 days, maximum LOS is 49 days.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                        |                                            |                                                                            |
|-------------------------------------|--------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>5*</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                    |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                              | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                        |
| (3) <u>1*</u> REGISTERED NURSE      | (7) _____ LICENSED PHARMACIST                          | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) <u>7.93</u> UNLICENSED MENTAL HEALTH WORKER                           |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                        | (12) _____ OTHER SOCIAL WORKER             | (16) <u>66*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                        |                                            | (17) _____ VOLUNTEER AND STUDENT                                           |
|                                     |                                                        |                                            | *Director                                                                  |

(1) Represents funding for 6 months, at this time.

\*County positions



## I. GENERAL

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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                 |                                              |                                              |
|------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: La Familia Day Treatment Program | CATCHMENT AREA: 21-24                        | PROVIDER NUMBER: 0105                        |
| COUNTY CODE: 01                                            | ADDRESS: 696 B Street                           | South County                                 |                                              |
|                                                            | CITY: Hayward, CA                               | ZIP: 94541                                   |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>                  | SERVICE FUNCTION CODE: 20                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE    | (4) <input type="checkbox"/> CONTINUING CARE |                                              |
| (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE   |                                                 |                                              |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |         |       |       |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|---------|-------|-------|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO     |       |       | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17    | 18-64 | 65+   | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | NEW | SERVICE | IN    | 81-82 |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |         |       |       |       |       |     |         |
| (3) UNITS OF SERVICE                     |                              |       |     |         |       |       |       |       |     |         |
| FISCAL YEAR 1981-82(1)                   | 0-17                         | 18-64 | 65+ | 0-17    | 18-64 | 65+   | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 23                           |       |     |         |       |       |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |         |       |       |       |       |     | 124,823 |
| (6) UNITS OF SERVICE                     | 302                          |       |     |         |       |       |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17    | 18-64 | 65+   | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 30                           |       |     |         |       |       |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |         |       |       |       |       |     | 161,830 |
| (9) UNITS OF SERVICE                     | 2,314                        |       |     |         |       |       |       |       |     |         |

PRIMARY PROBLEMS TREATED- Provides a therapeutic day program for children 9-14 years of age with severe emotional/behavioral problems and resultant serious learning problems. Children admitted to the program are unable to function in a normal educational setting and are at risk of psychiatric hospitalization.

PROGRAM OBJECTIVES- Began operation (Dec. 1981), the program provides the following services: 1) assessments of children and their families for admission; 2) a therapeutic day program, including a daily program of educational and socialization activities, and individual, group and family therapy at least weekly; 3) case collaboration with allied community service.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                    |                                                         |                                                 |                                                                       |
|----------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                       | (5) <u>.50</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) <u>.40</u> LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR          |
| (2) _____ PSYCHIATRIC NURSE                        | (6) _____ OTHER PHYSICIAN                               | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN      | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                         | (7) _____ LICENSED PHARMACIST                           | (11) <u>2.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                | (8) _____ LICENSED PSYCHOLOGIST                         | (12) <u>2.0</u> OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Program operational in December of F.Y. 81-82. |                                                         |                                                 | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
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- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups: MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.  
 MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.  
 MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                     |                                                                                           |                            |                                              |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                | PROVIDER NAME: Skilled Nursing Care & Day Treatment                                       | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0107                        |
| COUNTY CODE: 01                                                                                                     | ADDRESS: 655 Canyon Road                                                                  |                            |                                              |
|                                                                                                                     | CITY: Novato, CA                                                                          | ZIP: 94947                 |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                   | <u>CONTINUING CARE PROGRAM</u>                                                            | SERVICE FUNCTION CODE: 20  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |       |                            |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|--------|-------|----------------------------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |        |       | MDO                        |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64  | 65+   | 0-17                       | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 107    | 7     |                            |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |       |                            |       |     |       |       |     | 456,912 |
| (3) UNITS OF SERVICE                     |                              | 11,978 | 1,605 |                            |       |     |       |       |     |         |
| FISCAL YEAR 1981-82(1)                   | 0-17                         | 18-64  | 65+   | 0-17                       | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 22     |       | DISCONTINUED IN JULY, 1982 |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |       |                            |       |     |       |       |     | 97,941  |
| (6) UNITS OF SERVICE                     |                              | 1,635  |       |                            |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+   | 0-17                       | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |        |       |                            |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |       |                            |       |     |       |       |     |         |
| (9) UNITS OF SERVICE                     |                              |        |       |                            |       |     |       |       |     |         |

## PRIMARY PROBLEMS TREATED-

## PROGRAM OBJECTIVES-

- (1) Program discontinued in F.Y. 81-82. Cost/Utilization noted reflect transitional costs costs for Phase-out during first three months of 81-82.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- Not applicable

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

- 1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
- 2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
- 3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                        |                                                                                              |                                                               |                                              |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                   | PROVIDER NAME: La Cheim Day Treatment Program *                                              | CATCHMENT AREA: Alameda, Contra Costa, San Francisco Counties | PROVIDER NUMBER: 0127                        |
| COUNTY CODE: 01                                                                                                        | ADDRESS: #1 Bolivar Drive<br>CITY: Berkeley, CA<br>ZIP: 94710                                |                                                               |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                             | CONTINUING CARE PROGRAM                                                                      | SERVICE FUNCTION CODE: 20                                     | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input checked="" type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE |                                                               |                                              |

| FISCAL YEAR 1980-81(1)                   | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 51,644  |
| (3) UNITS OF SERVICE                     | 17                           |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 24                           |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 215,414 |
| (6) UNITS OF SERVICE                     | 2,482                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 32                           |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 325,279 |
| (9) UNITS OF SERVICE                     | 3,300                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Serves mentally disordered adolescents (13.5 yrs-17.5 yrs.) discharged from State psychiatric institutions and serves adolescents with severe mental disorders, who are at imminent risk of institutional placement.

PROGRAM OBJECTIVES- Provide a comprehensive therapeutic program including 1) daily academic and socialization activities, 2) individual and group therapy at least weekly, 3) family conferences at least monthly, 4) case collaboration with allied services in the community.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                     |                                                        |                                            |                                                                            |                      |
|-------------------------------------|--------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|----------------------|
| (1) _____ NURSE/PRACTITIONER        | (5) <u>.3</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | 1.0 Curricular Director                                                    | 12.0 Re Ed           |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                              | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | 1.0 Family Liaison Counselor                                               | 1.0 TSCG Coordinator |
| (3) <u>5</u> REGISTERED NURSE       | (7) _____ LICENSED PHARMACIST                          | (11) _____ LICENSED CLINICAL SOCIAL WORKER |                                                                            | Counselors/Aide      |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>2.0</u> LICENSED PSYCHOLOGIST                   | (12) <u>.5</u> OTHER SOCIAL WORKER         | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                    |                      |
|                                     |                                                        |                                            | (14) _____ REHABILITATION THERAPIST                                        |                      |
|                                     |                                                        |                                            | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                 |                      |
|                                     |                                                        |                                            | (16) <u>16*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |                      |
|                                     |                                                        |                                            | (17) _____ VOLUNTEER AND STUDENT                                           |                      |

(1) Program operational last month of F.Y. 80-81. Costs include development and start-up of program.

\*Regional Program



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- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
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| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

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- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                        |                                                          |                                              |                                              |
|------------------------|----------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda   | PROVIDER NAME: Pacific Community Children's Day Tx.      | CATCHMENT AREA:                              | PROVIDER NUMBER:                             |
| COUNTY CODE: 01        | ADDRESS: 303 Van Buren Avenue                            | Countywide                                   | 0130                                         |
|                        | CITY: Oakland, CA                                        | ZIP: 94610                                   |                                              |
| PROGRAM:               | TREATMENT PROGRAM                                        |                                              | CONTINUING CARE PROGRAM                      |
| MODE OF SERVICE:       | (1) <input type="checkbox"/> 24-HOUR CARE                | (3) <input type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |
|                        | (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE |                                              |                                              |
| SERVICE FUNCTION CODE: | 20                                                       |                                              | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 28 est.                      |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 132,384 |
| (3) UNITS OF SERVICE                     | 3,364                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82 (1)                  | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 29                           |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 167,117 |
| (6) UNITS OF SERVICE                     | 3,117                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 26                           |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 156,662 |
| (9) UNITS OF SERVICE                     | 2,900                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Children (2-6) who are 1) emotionally disturbed; 2) developmentally delayed or language impaired; 3) neurologically handicapped/emotionally disturbed. Also, provide supportive services to parents.

PROGRAM OBJECTIVES- per year; parent therapy groups, mental health education for parents.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

(1) \_\_\_\_\_ NURSE PRACTITIONER (5) .5 PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE (9) \_\_\_\_\_ OTHER PSYCHOLOGIST (13) \_\_\_\_\_ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR

(2) \_\_\_\_\_ PSYCHIATRIC NURSE (6) \_\_\_\_\_ OTHER PHYSICIAN (10) \_\_\_\_\_ LICENSED PSYCHIATRIC TECHNICIAN (14) \_\_\_\_\_ REHABILITATION THERAPIST

(3) \_\_\_\_\_ REGISTERED NURSE (7) \_\_\_\_\_ LICENSED PHARMACIST (11) \_\_\_\_\_ LICENSED CLINICAL SOCIAL WORKER (15) \_\_\_\_\_ UNLICENSED MENTAL HEALTH WORKER

(4) \_\_\_\_\_ LICENSED VOCATIONAL NURSE (8) \_\_\_\_\_ LICENSED PSYCHOLOGIST (12) \_\_\_\_\_ OTHER SOCIAL WORKER (16) 2.21\* ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT)

(1) Program is scheduled to receive additional augmentation. (17) \_\_\_\_\_ VOLUNTEER AND STUDENT

\* .66 Clinical Director

.15 Program Director

1.40 Counselors



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                        |                                                                                                                 |                                              |                                              |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                   | PROVIDER NAME: Alpha Plus Corp.: Circle Preschool<br>ADDRESS: 9 Lake Avenue<br>CITY: Piedmont, CA<br>ZIP: 94611 | CATCHMENT AREA: Countywide                   | PROVIDER NUMBER: 0135                        |
| COUNTY CODE: 01                                                                                                        |                                                                                                                 |                                              |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                      | CONTINUING CARE PROGRAM                                                                                         |                                              | SERVICE FUNCTION CODE: 20                    |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input checked="" type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE                                                                    | (4) <input type="checkbox"/> CONTINUING CARE | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |       |                   |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-------|-------------------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |       | MDO               |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+   | 0-17              | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | S E E | F O O T N O T E * |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |       |                   |       |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |       |                   |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+   | 0-17              | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 11                           |       |       |                   |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |       |                   |       |     |       |       |     | 55,763 |
| (6) UNITS OF SERVICE                     | 1,537                        |       |       |                   |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+   | 0-17              | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 12                           |       |       |                   |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |       |                   |       |     |       |       |     | 64,503 |
| (9) UNITS OF SERVICE                     | 1,661                        |       |       |                   |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Children (up to 6 yrs.) with developmental handicaps in the areas of emotional disturbance, behavior disorders, neurological handicaps, speech and language impairments.

PROGRAM OBJECTIVES- To measurably promote the social and emotional development of emotionally disturbed children through developmental therapy with the child and through support services to parents.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                     |                                                    |                                            |                                                                        |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                    |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                             |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) 17.79* ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                       |

\* Program not reflected on CR/DC in previous years as does not have Short-Doyle funds. Included in 81-82 to better reflect total service delivery level.



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

COUNTY NAME: Alameda

PROVIDER NAME: West Oakland Health Center Day Tx.

CATCHMENT AREA:

PROVIDER NUMBER:

ADDRESS: 700 Adeline Street

18

COUNTY CODE: 01

CITY: Oakland, CA

ZIP: 94607

Northwest Oak.

0170

PROGRAM: TREATMENT PROGRAM

CONTINUING CARE PROGRAM

SERVICE

NUMBER OF

MODE OF (1) ☐ 24-HOUR CARE(3) ☐ OUTPATIENT CARE(4) ☐ CONTINUING CARE

FUNCTION

BEDS:

SERVICE: (2) ☒ PARTIAL DAY CARE

20/21

(F.Y. 1982-83)

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 88    |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 149,686 |
| (3) UNITS OF SERVICE                     |                              | 2,824 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 110   |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 182,001 |
| (6) UNITS OF SERVICE                     |                              | 2,861 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 117   |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 213,367 |
| (9) UNITS OF SERVICE                     |                              | 3,054 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Persons who are chronically mentally ill and who appear at the risk of mental status deterioration and/or hospitalization.

PROGRAM OBJECTIVES- To provide a structured treatment program to assist chronically severely mentally ill individuals to maintain and/or restore personal independence, to sustain and improve the clients' level of psycho-social functioning and prevent their return to a more restrictive and costly level of care.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

(1) \_\_\_\_\_ NURSE PRACTITIONER

(5) 5 PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE

(9) \_\_\_\_\_ OTHER PSYCHOLOGIST

(13) \_\_\_\_\_ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR

(2) \_\_\_\_\_ PSYCHIATRIC NURSE

(6) \_\_\_\_\_ OTHER PHYSICIAN

(10) \_\_\_\_\_ LICENSED PSYCHIATRIC TECHNICIAN

(14) \_\_\_\_\_ REHABILITATION THERAPIST

(3) \_\_\_\_\_ REGISTERED NURSE

(7) \_\_\_\_\_ LICENSED PHARMACIST

(11) .83 LICENSED CLINICAL SOCIAL WORKER

(15) \_\_\_\_\_ UNLICENSED MENTAL HEALTH WORKER

(4) \_\_\_\_\_ LICENSED VOCATIONAL NURSE

(8) \_\_\_\_\_ LICENSED PSYCHOLOGIST

(12) 2.50 OTHER SOCIAL WORKER(16) 1.45\* ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT)

\*1.45 Recreation Therapist

(17) \_\_\_\_\_ VOLUNTEER AND STUDENT



## I. GENERAL

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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Everett A. Gladman Memorial Hospital

FISCAL YEAR 1982-83

|                      |                                      |                       |                       |
|----------------------|--------------------------------------|-----------------------|-----------------------|
| COUNTY NAME: Alameda | PROVIDER NAME: Day Treatment Program | CATCHMENT AREA: 17-20 | PROVIDER NUMBER: 0180 |
| COUNTY CODE: 01      | ADDRESS: 2633 E. 27th Street         | ZIP: 94601            | North County          |
| CITY: Oakland, CA    |                                      |                       |                       |

|                                                            |                                              |                                              |                                                              |
|------------------------------------------------------------|----------------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>               | SERVICE FUNCTION CODE: <u>10</u>             | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) <u>        </u> |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                              |
| (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE   |                                              |                                              |                                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 112   |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 207,045 |
| (3) UNITS OF SERVICE                     |                              | 3,345 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 79    |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 215,221 |
| (6) UNITS OF SERVICE                     |                              | 2,846 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 79    |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 224,869 |
| (9) UNITS OF SERVICE                     |                              | 2,846 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Acute mental disorders such as schizophrenia, depression, and manic-depressive illness which would require patients to be hospitalized if appropriate therapeutic interventions were not available.

PROGRAM OBJECTIVES- To provide treatment for patients in order to avoid or minimize hospitalization and facilitate an earlier return to the community, job, or home.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                               |                                                              |                                                      |                                                                             |
|-----------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|
| (1) <u>        </u> NURSE PRACTITIONER        | (5) <u>        </u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) <u>        </u> OTHER PSYCHOLOGIST               | (13) <u>        </u> LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR           |
| (2) <u>        </u> PSYCHIATRIC NURSE         | (6) <u>        </u> OTHER PHYSICIAN                          | (10) <u>        </u> LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>        </u> REHABILITATION THERAPIST                               |
| (3) <u>        </u> REGISTERED NURSE          | (7) <u>        </u> LICENSED PHARMACIST                      | (11) <u>        </u> LICENSED CLINICAL SOCIAL WORKER | (15) <u>2.8</u> UNLICENSED MENTAL HEALTH WORKER                             |
| (4) <u>        </u> LICENSED VOCATIONAL NURSE | (8) <u>        </u> LICENSED PSYCHOLOGIST                    | (12) <u>1.0</u> OTHER SOCIAL WORKER                  | (16) <u>2.5*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                               | *1.5 Director & Asst. Director                               |                                                      | (17) <u>        </u> VOLUNTEER AND STUDENT                                  |
|                                               | 1.0 Independent Living/Domestic Supv.                        |                                                      |                                                                             |



**I. GENERAL**

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**II. HEADING INSTRUCTIONS**

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

**III. MATRIX INSTRUCTIONS**

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

**IV. NARRATIVE DESCRIPTION**

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. **STAFFING** - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Garfield Geropsychiatric Subacute Facility \*

FISCAL YEAR 1982-83

|                                                                                                                        |                                                                                              |                                              |                                              |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                   | PROVIDER NAME: Day Treatment Program<br>ADDRESS: 1451- 28th Avenue<br>CITY: Oakland, CA      | CATCHMENT AREA: Alameda and Contra Costa Co. | PROVIDER NUMBER: 0180                        |
| COUNTY CODE: 01                                                                                                        | ZIP: 94601                                                                                   |                                              |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                             | CONTINUING CARE PROGRAM                                                                      | SERVICE FUNCTION CODE: 21                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input checked="" type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE |                                              |                                              |

| FISCAL YEAR 1980-81(1)                   | AGE AND TARGET GROUPS SERVED |       |        |      |       |     |       |       |     | TOTAL     |
|------------------------------------------|------------------------------|-------|--------|------|-------|-----|-------|-------|-----|-----------|
|                                          | MD                           |       |        | MDO  |       |     | MD/DD |       |     |           |
|                                          | 0-17                         | 18-64 | 65+    | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | 155    |      |       |     |       |       |     |           |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |        |      |       |     |       |       |     | 1,597,159 |
| (3) UNITS OF SERVICE                     |                              |       | 15,221 |      |       |     |       |       |     |           |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+    | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | 170    |      |       |     |       |       |     |           |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |        |      |       |     |       |       |     | 2,411,266 |
| (6) UNITS OF SERVICE                     |                              |       | 34,373 |      |       |     |       |       |     |           |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+    | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | 168    |      |       |     |       |       |     |           |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |        |      |       |     |       |       |     | 2,612,320 |
| (9) UNITS OF SERVICE                     |                              |       | 33,989 |      |       |     |       |       |     |           |

PRIMARY PROBLEMS TREATED- Older psychiatrically impaired persons in need of skilled nursing services; many have neurological and physical disorders which complicate treatment; many whose level of functioning reflects the effects of long-term institutionalization.

PROGRAM OBJECTIVES- 1) Provide alternative to acute local inpatient care and placement at Napa State Hospital; 2) provide treatment to effect improved functioning such that half of admissions can, in a period of six months, be clinically discharged to a less restrictive environment.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                    |                                                   |                                           |                                                                                |
|------------------------------------|---------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------|
| (1) _____NURSE PRACTITIONER        | (5) _____PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____OTHER PSYCHOLOGIST               | (13) _____LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                         |
| (2) _____PSYCHIATRIC NURSE         | (6) _____OTHER PHYSICIAN                          | (10) _____LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>2</u> REHABILITATION THERAPIST                                         |
| (3) <u>2</u> REGISTERED NURSE      | (7) _____LICENSED PHARMACIST                      | (11) _____LICENSED CLINICAL SOCIAL WORKER | (15) <u>17</u> UNLICENSED MENTAL HEALTH WORKER                                 |
| (4) _____LICENSED VOCATIONAL NURSE | (8) _____LICENSED PSYCHOLOGIST                    | (12) <u>2.6</u> OTHER SOCIAL WORKER       | (16) <u>16.96**</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) First year of operation        |                                                   |                                           | (17) _____VOLUNTEER AND STUDENT                                                |

\*Regional Program \*\* See attached



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



Other Paid Treatment Personnel for Garfield Geropsychiatric Subacute Facility:

2 Nursing Co-ordinators  
1 Sr. LPT  
1 Patient Care Supervisor  
1 Asst. Patient Care Supervisor  
.5 Family Nurse Practitioner  
3.5 Activity Aides  
1 Director of Rehabilitation  
.96 Medical Director  
1 Clinical Program Director  
3 Primary Therapists  
1 Case Manager  
1 Director of Social Services

Total 16.96 FTE







NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Villa Fairmont Adult Subacute Facility

FISCAL YEAR 1982-83

|                                                                                                                                             |                                                                                                |                            |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                        | PROVIDER NAME: Day Treatment Program<br>ADDRESS: 15200 Foothill Blvd.<br>CITY: San Leandro, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0180                        |
| COUNTY CODE: 01                                                                                                                             | ZIP: 94578                                                                                     |                            |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                                           |                                                                                                | SERVICE FUNCTION CODE: 22  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                |                            |                                              |
| SERVICE: (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE                                                                           |                                                                                                |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |     |      |       |     |       |       |     | TOTAL     |
|------------------------------------------|------------------------------|--------|-----|------|-------|-----|-------|-------|-----|-----------|
|                                          | MD                           |        |     | MDO  |       |     | MD/DD |       |     |           |
|                                          | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |        |     |      |       |     |       |       |     |           |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     |           |
| (3) UNITS OF SERVICE                     |                              |        |     |      |       |     |       |       |     |           |
| FISCAL YEAR 1981-82 (1)                  | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 264    |     |      |       |     |       |       |     |           |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     | 2,376,184 |
| (6) UNITS OF SERVICE                     |                              | 27,053 |     |      |       |     |       |       |     |           |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 321    |     |      |       |     |       |       |     |           |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     | 2,567,227 |
| (9) UNITS OF SERVICE                     |                              | 32,850 |     |      |       |     |       |       |     |           |

PRIMARY PROBLEMS TREATED- Adults (18-65) in acute and post-acute stages of chronic illness requiring intensive treatment in a secure residential facility.

PROGRAM OBJECTIVES- To provide a highly structured intensive evaluation, treatment, and stabilization with goal of returning residents to the community or to a facility with a lesser level of care.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                        |                                               |                                                                               |
|-------------------------------------|--------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>.5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                       |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                              | (10) <u>2</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>5</u> REHABILITATION THERAPIST                                        |
| (3) <u>2</u> REGISTERED NURSE       | (7) _____ LICENSED PHARMACIST                          | (11) _____ LICENSED CLINICAL SOCIAL WORKER    | (15) <u>26</u> UNLICENSED MENTAL HEALTH WORKER                                |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>1.0</u> LICENSED PSYCHOLOGIST                   | (12) <u>5</u> OTHER SOCIAL WORKER             | (16) <u>10.96*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
- (1) Program operational beginning F.Y. 81-82. \*1 Nursing Coord. .96 Med. Director  
1 Dir. Rehab.  
7 Activity Aides  
1 Dir. Clinical Ser.
- (17) \_\_\_\_\_ VOLUNTEER AND STUDENT



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- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

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For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

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- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                         |                                                                                                 |                                              |                                              |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                    | PROVIDER NAME: East Bay Activity Center<br>ADDRESS: 2540 Charleston Street<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide                   | PROVIDER NUMBER: 0182                        |
| COUNTY CODE: 01                                                                                         | ZIP: 94602                                                                                      |                                              |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                       |                                                                                                 | CONTINUING CARE PROGRAM                      |                                              |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE |                                                                                                 | (4) <input type="checkbox"/> CONTINUING CARE |                                              |
| (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE                                                |                                                                                                 | SERVICE FUNCTION CODE: 20                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 22                           |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 190,072 |
| (3) UNITS OF SERVICE                     | 3,250                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 22                           |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 208,225 |
| (6) UNITS OF SERVICE                     | 3,246                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 22                           |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 222,164 |
| (9) UNITS OF SERVICE                     | 3,246                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Serves children (4-12) unable to function in normal school settings because of atypical psycho-social development patterns.

PROGRAM OBJECTIVES- To provide collateral family interviews; contacts with schools and other agencies (partial day treatment services); individual therapy hours to clients.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                                          |                                            |                                                                             |
|-------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE                       | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) _____ PSYCHIATRIC NURSE         | (6) <u>.35</u> OTHER PHYSICIAN                                           | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                                            | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                  |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                                          | (12) <u>1.5</u> OTHER SOCIAL WORKER        | (16) <u>5.6*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     | * 1.0 Executive Director<br>1.8 Program Director<br>2.8 Staff Counselors |                                            | (17) _____ VOLUNTEER AND STUDENT                                            |



## I. GENERAL

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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                      |                                                                                                        |                            |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                 | PROVIDER NAME: Lincoln Child Center Day Treatment<br>ADDRESS: 4368 Lincoln Avenue<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0183                        |
| COUNTY CODE: 01                                                                                                                                      | ZIP: 94612                                                                                             |                            |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                     |                                                                                                        | SERVICE FUNCTION CODE: 20  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                        |                            |                                              |
| SERVICE: (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE                                                                                    |                                                                                                        |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |        |
| (6) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED (1)         | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 4                            |       |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 20,000 |
| (9) UNITS OF SERVICE                     | 290                          |       |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- The child (6-11) who reacts to life's experiences by aggressive and destructive behavior. The child whose problems are turned inward, causing depression, withdrawal or self-destruction. The symptom patterns may include phobias, somatic complaints, pseudo-retardation; enuresis, etc.

## PROGRAM OBJECTIVES-

To provide patients days of 24-hour residential treatment services; to provide extended psychosocial diagnoses and treatment plans for new admission; collateral psychotherapeutic interviews for family members; collateral contacts with schools and other community agencies.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                           |                                                    |                                            |                                                                                |
|-----------------------------------------------------------|----------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                              | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                        |
| (2) _____ PSYCHIATRIC NURSE                               | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                            |
| (3) _____ REGISTERED NURSE                                | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                     |
| (4) _____ LICENSED VOCATIONAL NURSE                       | (8) _____ LICENSED PSYCHOLOGIST                    | (12) <u>2.0</u> OTHER SOCIAL WORKER        | (16) <u>21.75</u> * ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Represents 6 months funding for anticipated contract. | *1.0 Program Director<br>1.0 Group Living Supv.    | 19.75 Counselors                           | (17) _____ VOLUNTEER AND STUDENT                                               |



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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                      |                                                                                              |                            |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                 | PROVIDER NAME: Fred Finch Youth Center<br>ADDRESS: 3800 Coolidge Avenue<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0184                        |
| COUNTY CODE: 01                                                                                                                                      | ZIP: 94602                                                                                   |                            |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                     |                                                                                              | SERVICE FUNCTION CODE: 20  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                              |                            |                                              |
| (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE                                                                                             |                                                                                              |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 26                           |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 113,923 |
| (3) UNITS OF SERVICE                     | 1,950                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 25                           |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 116,657 |
| (6) UNITS OF SERVICE                     | 2,344                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 25                           |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 145,153 |
| (9) UNITS OF SERVICE                     | 2,344                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Severely mentally disabled psychotic children (11-17).

PROGRAM OBJECTIVES- To provide day treatment services including individual therapy sessions, group sessions, family sessions to provide follow-up support and referral services for three months past discharge.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                         |                                            |                                                                               |
|-------------------------------------|---------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>.15</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                       |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                               | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                           |
| (3) <u>.05</u> REGISTERED NURSE     | (7) _____ LICENSED PHARMACIST                           | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) <u>1.0</u> UNLICENSED MENTAL HEALTH WORKER                               |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                         | (12) <u>1.0</u> OTHER SOCIAL WORKER        | (16) <u>1.06</u> * ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     | * 1.0 Program Director<br>.06 Executive Director        |                                            | (17) _____ VOLUNTEER AND STUDENT                                              |



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups: MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.  
MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.  
MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                               |                                              |                                              |
|------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: City of Berkeley Day Treatment | CATCHMENT AREA: 17                           | PROVIDER NUMBER: 0197                        |
| COUNTY CODE: 01                                            | ADDRESS: 2180 Milvia Street                   | Berkeley/Albany                              |                                              |
|                                                            | CITY: Berkeley, CA                            | ZIP: 94704                                   |                                              |
| PROGRAM: TREATMENT PROGRAM                                 | CONTINUING CARE PROGRAM                       | SERVICE FUNCTION CODE: 20                    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE  | (4) <input type="checkbox"/> CONTINUING CARE |                                              |
| (2) <input checked="" type="checkbox"/> PARTIAL DAY CARE   |                                               |                                              |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |          |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|----------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |          |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64    | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 51    |     |      |          |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |          |     |       |       |     | 143,328 |
| (3) UNITS OF SERVICE                     |                              | 2,026 |     |      |          |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64    | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 14    |     |      |          |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |          |     |       |       |     | 66,995  |
| (6) UNITS OF SERVICE                     |                              | 628   |     |      |          |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64    | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     | SEE  | FOOTNOTE |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |          |     |       |       |     |         |
| (9) UNITS OF SERVICE                     |                              |       |     |      |          |     |       |       |     |         |

## PRIMARY PROBLEMS TREATED-

Funds for Day Treatment Program were discontinued in 1981-82. However, funds from Berkeley Rehabilitation Service were redirected in 1981-82 to establish a Partial Day Care component. This will not occur for F.Y. 1982-83.

## PROGRAM OBJECTIVES-

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- N/A

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



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|--------------------------|--------------------------|-------------------------|--------------------------------|
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| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

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IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

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## OUTPATIENT CARE

Highland Psychiatric Emergency  
Criminal Justic Screening  
East Oakland Community Mental Health  
Fairmont Emergency Service  
Eden Adult Outpatient Service  
Central Oakland Community Mental Health  
Tri-City Adult Outpatient  
Valley Adult Outpatient  
Alameda Adult Outpatient  
West Oakland Health Center Adult  
West Oakland Rehabilitation  
Asian Community Mental Health  
Senior Outreach  
Valley Memorial Hospital  
Casa del Sol  
City of Berkeley - Crisis Intervention  
City of Berkeley - Rehabilitation  
East Oakland Health Alliance Adult  
\* East Oakland Health Alliance Child  
\* Ann Martin Childrens' Center  
\* Pacific Children's Center  
\* Eden Childrens's Outpatient  
\* Alameda Childrens's Outpatient  
\* Valley Children's Outpatient  
\* Tri-City Children's Outpatient  
\* North Region Family and Child  
\* Guidance/Dependent Child Unit  
Prevocational Program

\*Children's Program







NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                    |                            |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Highland Psychiatric Emergency<br>ADDRESS: 1411 E. 31st Street<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0101                        |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94602                                                                                         |                            |                                              |
| PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM                                                                                                              |                                                                                                    | SERVICE FUNCTION CODE:     | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                    |                            |                                              |
|                                                                                                                                                                 |                                                                                                    |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL     |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|-----------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |           |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 226                          | 4,120 | 276 |      | 216   |     | 6     | 52    | 3   |           |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 1,746,563 |
| (3) UNITS OF SERVICE                     | 263                          | 6,581 | 343 |      | 225   |     | 16    | 97    | 3   |           |
| FISCAL YEAR 1981-82 (1)                  | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 257                          | 4,725 | 296 |      | 107   |     | 5     | 67    | 4   |           |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 2,197,517 |
| (6) UNITS OF SERVICE                     | 322                          | 7,417 | 266 |      | 168   |     | 8     | 131   | 143 |           |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |           |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 256                          | 4,723 | 298 |      | 107   |     | 6     | 94    | 2   |           |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 2,313,106 |
| (9) UNITS OF SERVICE                     | 357                          | 8,195 | 451 |      | 201   |     | 9     | 184   | 3   |           |

PRIMARY PROBLEMS TREATED- Voluntary or involuntary patients who are considered to be a danger to themselves or others or gravely disabled. Patients in the acute stages of mental disorder who need immediate care.

PROGRAM OBJECTIVES- To provide emergency evaluation and treatment; to hold patients for up to 24 hours for observation, emergency treatment and disposition.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                          |                                                  |                                                                             |
|-------------------------------------|----------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>7.16</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                     | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) <u>16.25</u> PSYCHIATRIC NURSE  | (6) _____ OTHER PHYSICIAN                                | (10) <u>3.75</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                            | (11) <u>1</u> LICENSED CLINICAL SOCIAL WORKER    | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                  |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                          | (12) <u>4.25</u> OTHER SOCIAL WORKER             | (16) <u>.25*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                          |                                                  | (17) <u>.5</u> VOLUNTEER AND STUDENT                                        |

\* Clinical Instructor

(1) Increased cost/utilization reflect expansion of program due to closing of Fairmont Psychiatric Emergency



## I. GENERAL

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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                             |                                                                                                         |                              |                                                 |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|
| COUNTY NAME: Alameda                                                                                        | PROVIDER NAME: Criminal Justice Screening<br>ADDRESS: 1411 E. 31st Street<br>CITY: Oakland, CA          | CATCHMENT AREA: Countywide   | PROVIDER NUMBER: 0101                           |
| COUNTY CODE: 01                                                                                             | ZIP: 94602                                                                                              |                              |                                                 |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                           | <u>CONTINUING CARE PROGRAM</u>                                                                          | SERVICE FUNCTION CODE: _____ | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) 17 |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE |                              |                                                 |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      | 1,494 | 19  |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 405,158 |
| (3) UNITS OF SERVICE                     |                              |       |     |      | 7,899 | 10  |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      | 1,423 |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST<br>(1)   |                              |       |     |      |       |     |       |       |     | 644,247 |
| (6) UNITS OF SERVICE                     |                              |       |     |      | 8,366 |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      | 1,416 |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 391,008 |
| (9) UNITS OF SERVICE                     |                              |       |     |      | 8,322 |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- The population served is mentally ill offenders in custody.

PROGRAM OBJECTIVES- To provide 1) diagnostic evaluation, follow-up counseling and treatment to the in-custody population (per 4011.6, 4011.8); 2) probation-referred court dispositional recommendations; 3) evaluation and dispositional recommendations per (AB1229); 4) liaison to C.J. inpatient unit and to mental health support unit at Santa Rita; and 5) follow-up to community placement.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                     |                                                          |                                               |                                                                       |
|---------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                        | (5) <u>1.25</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) <u>1</u> PSYCHIATRIC NURSE (Clinical Nurse II)                  | (6) _____ OTHER PHYSICIAN                                | (10) <u>1</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>1</u> REHABILITATION THERAPIST                                |
| (3) _____ REGISTERED NURSE                                          | (7) _____ LICENSED PHARMACIST                            | (11) _____ LICENSED CLINICAL SOCIAL WORKER    | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                                 | (8) <u>2.0</u> LICENSED PSYCHOLOGIST                     | (12) _____ OTHER SOCIAL WORKER                | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Includes one-time only costs relating to relocation of service. |                                                          | (17) _____ VOLUNTEER AND STUDENT              |                                                                       |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                  |                                    |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: East Oakland Com. Mental Health<br>ADDRESS: 10 Eastmont Mall<br>CITY: Oakland, CA | CATCHMENT AREA: 20<br>East Oakland | PROVIDER NUMBER: 0108                              |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94601                                                                                       |                                    |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                                |                                                                                                  | SERVICE FUNCTION CODE: _____       | NUMBER OF MENTAL HEALTH BEDS: 11<br>(F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                  |                                    |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                                   |                                                                                                  |                                    |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |       |      |               |     |       |       |     | TOTAL     |
|------------------------------------------|------------------------------|--------|-------|------|---------------|-----|-------|-------|-----|-----------|
|                                          | MD                           |        |       | MDO  |               |     | MD/DD |       |     |           |
|                                          | 0-17                         | 18-64  | 65+   | 0-17 | 18-64         | 65+ | 0-17  | 18-64 | 65+ |           |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 4                            | 988    | 75    |      | 10            |     |       | 8     | 1   |           |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |               |     |       |       |     | 1,024,908 |
| (3) UNITS OF SERVICE                     | 57                           | 14,891 | 1,908 |      | 181           |     |       | 42    | 18  |           |
| FISCAL YEAR 1981-82 (1)                  | 0-17                         | 18-64  | 65+   | 0-17 | 18-64         | 65+ | 0-17  | 18-64 | 65+ |           |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 3                            | 1,043  | 88    |      | 5<br>Estimate |     |       | 14    | 1   |           |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |               |     |       |       |     | 954,771   |
| (6) UNITS OF SERVICE                     | 35                           | 9,483  | 1,602 |      | 95            |     |       | 77    | 25  |           |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+   | 0-17 | 18-64         | 65+ | 0-17  | 18-64 | 65+ |           |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 4                            | 1,371  | 114   |      | 5             |     |       | 19    | 3   |           |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |       |      |               |     |       |       |     | 999,414   |
| (9) UNITS OF SERVICE                     | 46                           | 12,487 | 2,104 |      | 95            |     |       | 101   | 33  |           |

PRIMARY PROBLEMS TREATED- Individuals who are severely emotionally disturbed; at risk of hospitalization and/or with a history of hospitalization; chronic mentally ill, experiencing acute life crisis.

PROGRAM OBJECTIVES- Provide outpatient treatment to adults at risk of hospitalization to avoid hospitalization. Provide follow-up continuing care for post-hospitalized adults to prevent decompensation and rehospitalization. Provide crisis intervention for adults in danger to self and/or others. Linking gravely disabled persons with public and private services for health, shelter and sustenance.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                                                            |                                                         |                                                 |                                                                          |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                                               | (5) <u>4.0</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                  |
| (2) _____ PSYCHIATRIC NURSE                                                                                | (6) _____ OTHER PHYSICIAN                               | (10) <u>3.0</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                      |
| (3) _____ REGISTERED NURSE                                                                                 | (7) _____ LICENSED PHARMACIST                           | (11) <u>7.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) <u>3.0</u> UNLICENSED MENTAL HEALTH WORKER                          |
| (4) _____ LICENSED VOCATIONAL NURSE                                                                        | (8) <u>2.0</u> LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER                  | (16) <u>1</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Reduced costs/utilization reflect establishment of partial day mode of service component in May, 1980. |                                                         |                                                 | (17) _____ VOLUNTEER AND STUDENT                                         |



## I. GENERAL

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- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                      |                                                                                                     |                                          |                              |
|----------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------|
| COUNTY NAME: Alameda | PROVIDER NAME: Fairmont Emergency Service<br>ADDRESS: 15400 Foothill Blvd.<br>CITY: San Leandro, CA | CATCHMENT AREA:<br>21-24<br>South County | PROVIDER NUMBER:<br><br>0112 |
| COUNTY CODE: 01      | ZIP: 94578                                                                                          |                                          |                              |

|                                                            |                                                         |                                              |                                                    |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|----------------------------------------------------|
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>                          | SERVICE FUNCTION CODE: _____                 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              |                                                         |                                              |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |                         |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-------------------------|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |                         | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+                     | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 112                          | 1,617 | 68                      |      | 2     |     | 4     | 23    | 27  |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |                         |      |       |     |       |       |     | 508,102 |
| (3) UNITS OF SERVICE                     | 116                          | 2,067 | 71                      |      | 2     |     | 4     | 29    | 33  |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+                     | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | Program closed in 81-82 |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |                         |      |       |     |       |       |     |         |
| (6) UNITS OF SERVICE                     |                              |       |                         |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+                     | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |                         |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |                         |      |       |     |       |       |     |         |
| (9) UNITS OF SERVICE                     |                              |       |                         |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED-

Not applicable as program discontinued in F.Y. 81-82.

PROGRAM OBJECTIVES-

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- N/A

|                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                             |                                                                                                                   |                                               |                                                           |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| COUNTY NAME: Alameda                                                                                        | PROVIDER NAME: Eden Adult Outpatient Service<br>ADDRESS: 15400 Foothill Blvd.<br>CITY: San Leandro, CA 94578 ZIP: | CATCHMENT AREA:<br>Hay, CV, S. Lz.,<br>S. Lz. | PROVIDER NUMBER:<br>0112                                  |
| COUNTY CODE: 01                                                                                             |                                                                                                                   |                                               |                                                           |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                           | <u>CONTINUING CARE PROGRAM</u>                                                                                    | SERVICE FUNCTION CODE: <u>1</u>               | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) <u>21-22</u> |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE           |                                               |                                                           |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 5                            | 311   | 9   |      | 1     |     |       | 1     |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 286,921 |
| (3) UNITS OF SERVICE                     | 18                           | 4,076 | 103 |      | 1     |     |       | 4     |     |         |
| FISCAL YEAR 1981-82 (1)                  | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            | 508   | 18  |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 312,335 |
| (6) UNITS OF SERVICE                     | 16                           | 6,156 | 145 |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            | 539   | 19  |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 403,611 |
| (9) UNITS OF SERVICE                     | 17                           | 6,527 | 154 |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Individuals who are severely emotionally disturbed; at risk of hospitalization and/or with history of hospitalization; chronic mentally ill; experiencing acute life crisis.

PROGRAM OBJECTIVES- Provide outpatient treatment to adults at risk of hospitalization to avoid hospitalization. Provide follow-up continuing care for post-hospitalized adults to prevent decompensation and rehospitalization. Provide crisis intervention for adults in danger to self and/or others. Linking gravely disabled persons with public and private services for health, shelter and sustenance.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                  |                                                       |                                               |                                                                             |
|------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|
| (1) <u>    </u> NURSE PRACTITIONER                               | (5) <u>1</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) <u>    </u> OTHER PSYCHOLOGIST            | (13) <u>    </u> LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) <u>1</u> PSYCHIATRIC NURSE                                   | (6) <u>    </u> OTHER PHYSICIAN                       | (10) <u>1</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>1</u> REHABILITATION THERAPIST                                      |
| (3) <u>    </u> REGISTERED NURSE                                 | (7) <u>    </u> LICENSED PHARMACIST                   | (11) <u>2</u> LICENSED CLINICAL SOCIAL WORKER | (15) <u>    </u> UNLICENSED MENTAL HEALTH WORKER                            |
| (4) <u>    </u> LICENSED VOCATIONAL NURSE                        | (8) <u>1</u> LICENSED PSYCHOLOGIST                    | (12) <u>    </u> OTHER SOCIAL WORKER          | (16) <u>    </u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Service has experienced substantial increase in utilization. |                                                       |                                               | (17) <u>    </u> VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                    |                                       |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Central Oakland Com. Mental Health<br>ADDRESS: 285-17th Street<br>CITY: Oakland, CA | CATCHMENT AREA:<br>18<br>Central Oak. | PROVIDER NUMBER:<br>0120                           |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94612                                                                                         |                                       |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                                                               |                                                                                                    | CONTINUING CARE PROGRAM               |                                                    |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                    | SERVICE FUNCTION CODE: _____          | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| SERVICE: (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                          |                                                                                                    |                                       |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |     |      |           |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|--------|-----|------|-----------|-----|-------|-------|-----|---------|
|                                          | MD                           |        |     | MDO  |           |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64  | 65+ | 0-17 | 18-64     | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            | 775    | 77  |      | 9         |     |       | 8     |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |           |     |       |       |     | 684,586 |
| (3) UNITS OF SERVICE                     | 10                           | 9,511  | 814 |      | 128       |     |       | 218   |     |         |
| FISCAL YEAR 1981-82 (1)                  | 0-17                         | 18-64  | 65+ | 0-17 | 18-64     | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            | 787    | 51  |      | 2<br>Est. |     |       | 9     |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |           |     |       |       |     | 613,409 |
| (6) UNITS OF SERVICE                     | 36                           | 9,787  | 663 |      | 32        |     |       | 154   |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+ | 0-17 | 18-64     | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            | 816    | 53  |      | 2         |     |       | 10    |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |           |     |       |       |     | 623,868 |
| (9) UNITS OF SERVICE                     | 37                           | 10,154 | 688 |      | 32        |     |       | 160   |     |         |

PRIMARY PROBLEMS TREATED- Individuals who are severely emotionally disturbed; at risk of hospitalization and/or with a history of hospitalization; chronic mentally ill; experiencing acute life crisis.

PROGRAM OBJECTIVES- To provide outpatient treatment to adults at risk of hospitalization to avoid hospitalization. Provide follow-up continuing care for post-hospitalized adults to prevent decompensation and rehospitalization. Provide crisis intervention for adults in danger to self and/or others. Linking gravely disabled persons with public and private services for health, shelter and sustenance.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                                                                                                                                                                  |                                                          |                                                 |                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                                                                                                                                                     | (5) <u>1.33</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                                                                                                                                                                                      | (6) _____ OTHER PHYSICIAN                                | (10) <u>3.0</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) <u>1.0</u> REHABILITATION THERAPIST                              |
| (3) _____ REGISTERED NURSE                                                                                                                                                                                       | (7) _____ LICENSED PHARMACIST                            | (11) <u>7.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                                                                                                                                                                              | (8) <u>1</u> LICENSED PSYCHOLOGIST                       | (12) _____ OTHER SOCIAL WORKER                  | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Reduction in costs and/or utilization reflects establishment of Adult Partial Day service mode component in December, 1980. Also for 81-82, reflects identification of Sr. Outreach as separate cost center. |                                                          |                                                 | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

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- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

COUNTY NAME: Alameda PROVIDER NAME: Tri-City Adult Outpatient CATCHMENT AREA: 23 PROVIDER NUMBER: 0122  
 COUNTY CODE: 01 ADDRESS: 38238 Glenmoor Dr. CITY: Fremont, CA ZIP: 94536 Tri-City

PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM SERVICE FUNCTION CODE: NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83)  
 MODE OF SERVICE: (1) ☐ 24-HOUR CARE (3) ☒ OUTPATIENT CARE (4) ☐ CONTINUING CARE

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 312   | 7   |      | 1     |     |       | 3     |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 259,772 |
| (3) UNITS OF SERVICE                     |                              | 3,968 | 86  |      | 26    |     |       | 67    |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 5                            | 387   | 12  |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 328,505 |
| (6) UNITS OF SERVICE                     | 17                           | 3,886 | 145 |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 6                            | 487   | 15  |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 366,636 |
| (9) UNITS OF SERVICE                     | 22                           | 4,886 | 182 |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- / Individuals who are severely emotionally disturbed; at risk of hospitalization and/or with a history of hospitalization; chronic mentally ill; experiencing acute life crisis.

PROGRAM OBJECTIVES- Provide outpatient treatment to adults at risk of hospitalization to avoid hospitalization. Provide follow-up continuing care for post-hospitalized adults to prevent decompensation and rehospitalization. Provide crisis intervention for adults in danger to self and/or others. Linking gravely disabled persons with public and private services for health, shelter and sustenance.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                     |                                                          |                                                 |                                                                       |
|-------------------------------------|----------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>1.42</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                                | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN      | (14) <u>3.0</u> REHABILITATION THERAPIST                              |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                            | (11) <u>1.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>1.0</u> LICENSED PSYCHOLOGIST                     | (12) _____ OTHER SOCIAL WORKER                  | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                          |                                                 | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

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- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups: MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.  
MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.  
MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                   |                        |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Valley Adult Outpatient            | CATCHMENT AREA: 24     | PROVIDER NUMBER: 0132                        |
| COUNTY CODE: 01                                                                                                                                                 | ADDRESS: 3720 Hopyard Rd.<br>CITY: Pleasanton, CA | ZIP: 94566             |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                                                                      |                                                   | SERVICE FUNCTION CODE: | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                   |                        |                                              |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                                   |                                                   |                        |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 203   | 5   |      |       |     |       | 1     |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 222,920 |
| (3) UNITS OF SERVICE                     |                              | 2,175 | 126 |      |       |     |       | 29    |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            | 212   | 6   |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 192,230 |
| (6) UNITS OF SERVICE                     | 8                            | 2,091 | 74  |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 2                            | 233   | 7   |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 179,005 |
| (9) UNITS OF SERVICE                     | 9                            | 2,299 | 81  |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Individuals who are severely emotionally disturbed; at risk of hospitalization and/or with a history of hospitalization; chronic mentally ill; experiencing acute life crisis.

PROGRAM OBJECTIVES- Provide outpatient treatment to adults at risk of hospitalization to avoid hospitalization. Provide follow-up continuing care for post-hospitalized adults to prevent decompensation and rehospitalization. Provide crisis intervention for adults in a danger to self and/or others. Linking gravely disabled persons with public services for health, shelter and sustenance.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                         |                                                 |                                                                       |
|-------------------------------------|---------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>1.5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                               | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN      | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                           | (11) <u>2.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                         | (12) _____ OTHER SOCIAL WORKER                  | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                         |                                                 | (17) _____ VOLUNTEER AND STUDENT                                      |



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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                         |                                              |                                                    |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: Alameda Adult Outpatient                 | CATCHMENT AREA: 19                           | PROVIDER NUMBER: 0152                              |
| COUNTY CODE: 01                                            | ADDRESS: 2226 Santa Clara Avenue                        | Alameda                                      |                                                    |
|                                                            | CITY: Alameda, CA                                       | ZIP: 94501                                   |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>                          | SERVICE FUNCTION CODE: _____                 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              |                                                         |                                              |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 171   | 11  |      |       |     |       | 2     |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 161,404 |
| (3) UNITS OF SERVICE                     |                              | 3,160 | 412 |      |       |     |       | 40    |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 1                            | 253   | 15  |      |       |     |       | 1     |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 172,580 |
| (6) UNITS OF SERVICE                     | 1                            | 3,326 | 15  |      |       |     |       | 1     |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 1                            | 253   | 15  |      |       |     |       | 1     |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 195,359 |
| (9) UNITS OF SERVICE                     | 1                            | 3,332 | 15  |      |       |     |       | 1     |     |         |

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PROGRAM OBJECTIVES- Provide outpatient treatment to adults at risk of hospitalization to avoid hospitalization. Provide follow-up continuing care for post-hospitalized adults to prevent decompensation and rehospitalization. Provide crisis intervention for adults in danger to self and/or others. Linking gravely disabled persons with public and private

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

services for health, shelter and sustenance.

- |                                     |                                                       |                                               |                                                                       |
|-------------------------------------|-------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>1</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                             | (10) <u>1</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                         | (11) <u>1</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                       | (12) _____ OTHER SOCIAL WORKER                | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                       |                                               | (17) _____ VOLUNTEER AND STUDENT                                      |



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|--------------------------|--------------------------|-------------------------|--------------------------------|
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| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
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| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

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(See below for definitions of target groups.)

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For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

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|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                         |                                              |                                                       |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: West Oakland Health Center - Adult       | CATCHMENT AREA: 18                           | PROVIDER NUMBER: 0170                                 |
| COUNTY CODE: 01                                            | ADDRESS: 700 Adeline St.                                | North/West Oak.                              |                                                       |
|                                                            | CITY: Oakland, CA                                       | ZIP: 94607                                   |                                                       |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>                          | SERVICE FUNCTION CODE: _____                 | NUMBER OF MENTAL HEALTH BEDS: _____<br>(F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                       |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              |                                                         |                                              |                                                       |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 558   | 62  |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 278,124 |
| (3) UNITS OF SERVICE                     |                              | 4,920 | 547 |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 1,241 | 38  |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 300,619 |
| (6) UNITS OF SERVICE                     |                              | 6,256 | 193 |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 1,241 | 38  |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 360,978 |
| (9) UNITS OF SERVICE                     |                              | 6,256 | 193 |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Depression, anxiety, acute and chronic schizophrenia; life or family crisis.

PROGRAM OBJECTIVES- To provide accurate assessment, treatment, or referral in an expedient and professional manner.  
To provide immediate assessment, treatment or appropriate treatment referral to persons in a psychiatric crisis situation.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                        |                                                 |                                                                       |
|-------------------------------------|--------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>.5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                              | (10) <u>1.0</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                          | (11) <u>1.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>.50</u> LICENSED PSYCHOLOGIST                   | (12) <u>4.0</u> OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                        |                                                 | (17) _____ VOLUNTEER AND STUDENT                                      |



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- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                |                                                    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: West Oakland Health Center -Rehab.<br>ADDRESS: 700 Adeline<br>CITY: Oakland, CA | CATCHMENT AREA: 18<br>North West Oak.              | PROVIDER NUMBER:<br>0170 |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94607                                                                                     |                                                    |                          |
| PROGRAM: TREATMENT PROGRAM                                                                                                                                      |                                                                                                | CONTINUING CARE PROGRAM                            |                          |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                | SERVICE FUNCTION CODE: _____                       |                          |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                                   |                                                                                                | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |                          |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 30    |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 101,162 |
| (3) UNITS OF SERVICE                     |                              | 1,118 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 62    |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 70,877  |
| (6) UNITS OF SERVICE                     |                              | 1,633 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 62    |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 55,451  |
| (9) UNITS OF SERVICE                     |                              | 1,633 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Individuals, couples or families in crisis; with severely impaired functional capacity; with psychotic symptoms; chronic mental illness.

PROGRAM OBJECTIVES- To increase social functioning of chronically mentally ill and reduce need for rehospitalization by providing: 1) crisis intervention services; 2) ongoing outpatient psychotherapy; 3) supportive long-term psychotherapy and resocialization services.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                        |                                                 |                                                                       |
|-------------------------------------|--------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>.5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                              | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN      | (14) <u>.55</u> REHABILITATION THERAPIST                              |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                          | (11) <u>.17</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                        | (12) <u>.50</u> OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                        |                                                 | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (Include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                                                                         |                              |                                                    |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: Asian Community Mental Health<br>ADDRESS: 310-8th Street, Suite 201<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide   | PROVIDER NUMBER: 0163                              |
| COUNTY CODE: 01                                            | ZIP: 94607                                                                                              |                              |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          |                                                                                                         | CONTINUING CARE PROGRAM      |                                                    |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE                                                 | SERVICE FUNCTION CODE: _____ | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              | (4) <input type="checkbox"/> CONTINUING CARE                                                            |                              |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 15                           | 119   | 6   |      |       |     |       | 3     |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 61,880  |
| (3) UNITS OF SERVICE                     | 181                          | 1,689 | 40  |      |       |     |       | 27    |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 5                            | 95    | 4   |      |       |     | 2     | 1     |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 95,548  |
| (6) UNITS OF SERVICE                     | 266                          | 1,920 | 91  |      |       |     | 5     | 13    |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 7                            | 104   | 4   |      |       |     | 1     | 1     |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 123,758 |
| (9) UNITS OF SERVICE                     | 281                          | 2,108 | 100 |      |       |     | 16    | 14    |     |         |

PRIMARY PROBLEMS TREATED- Severe mental disorders as they are manifested in individual Asian clients. Cultural adjustment and family or personal crises among Asian immigrant and Asian American population.

PROGRAM OBJECTIVES- To provide direct service in the form of psychotherapy, counseling and medication treatment to the target population of Alameda County.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                         |                                            |                                                                       |
|-------------------------------------|---------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>.50</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                               | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                           | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) <u>1.80</u> UNLICENSED MENTAL HEALTH WORKER                      |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                         | (12) <u>1.50</u> OTHER SOCIAL WORKER       | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                         |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

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II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                             |                                                                                                         |                              |                                                    |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                        | PROVIDER NAME: Senior Outreach<br>ADDRESS: 4400 MacArthur Blvd.<br>CITY: Oakland, CA                    | CATCHMENT AREA: Countywide   | PROVIDER NUMBER: 0114                              |
| COUNTY CODE: 01                                                                                             | ZIP: 94619                                                                                              |                              |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                           | <u>CONTINUING CARE PROGRAM</u>                                                                          | SERVICE FUNCTION CODE: _____ | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE |                              |                                                    |

| FISCAL YEAR 1980-81 (1)                  | AGE AND TARGET GROUPS SERVED |       |     |               |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|---------------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO           |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17          | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     | See footnote. |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |               |       |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |     |               |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17          | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | 110 |               |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |               |       |     |       |       |     | 65,086 |
| (6) UNITS OF SERVICE                     |                              |       | 478 |               |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17          | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | 108 |               |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |               |       |     |       |       |     | 73,820 |
| (9) UNITS OF SERVICE                     |                              |       | 470 |               |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Persons over 60 years of age at risk of hospitalization or other insitutionalization because of impaired functioning and those previously hospitalized.

PROGRAM OBJECTIVES- To maintain the elderly at a maximum level of functioning in the least restrictive setting; to provide the following services through a multi-disciplinary mobile outreach assessment team; diagnosis, assessment, crisis intervention, case management and client advocacy.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                       |                                               |                                                                          |
|-------------------------------------|-------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                  |
| (2) <u>1</u> PSYCHIATRIC NURSE      | (6) _____ OTHER PHYSICIAN                             | (10) <u>1</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                      |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                         | (11) <u>1</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                               |
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|                                     |                                                       |                                               | (17) _____ VOLUNTEER AND STUDENT                                         |

(1) Included as part of Central Oakland Adult CMHS in F.Y. 80-81.  
Broken as separate cost center in F.Y. 81-82.



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|--------------------------|--------------------------|-------------------------|--------------------------------|
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| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

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NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                                                                  |                                 |                                                    |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: Valley Memorial Hospital<br>ADDRESS: 1111 E. Stanley Blvd.<br>CITY: Livermore, CA | CATCHMENT AREA:<br>24<br>Valley | PROVIDER NUMBER:<br>0137                           |
| COUNTY CODE: 01                                            | ZIP: 94550                                                                                       |                                 |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          |                                                                                                  | CONTINUING CARE PROGRAM         |                                                    |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE                                          | SERVICE FUNCTION CODE: _____    | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              | (4) <input type="checkbox"/> CONTINUING CARE                                                     |                                 |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 81                           | 256   |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 20,000 |
| (6) UNITS OF SERVICE                     | 81                           | 256   |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 81                           | 256   |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 20,750 |
| (9) UNITS OF SERVICE                     | 81                           | 256   |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Comprehensive crisis intervention service including evaluation, arranging hospitalization, individual, family, and child crises.

PROGRAM OBJECTIVES- Provides crisis intervention to all persons in the hospital service area of Livermore, Pleasanton, Sunol and San Ramon.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                            |                                                                             |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                  |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <u>1.0*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    | * 1.0 Crisis Therapist                     | (17) _____ VOLUNTEER AND STUDENT                                            |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                             |                                                                                                         |                            |                                              |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                        | PROVIDER NAME: Casa del Sol<br>(formerly El Centro de Salud Mental)                                     | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0191                        |
| COUNTY CODE: 01                                                                                             | ADDRESS: 1450-31st Avenue<br>CITY: Oakland, CA                                                          | ZIP: 94601                 |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                  | CONTINUING CARE PROGRAM                                                                                 | SERVICE FUNCTION CODE:     | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE<br>(4) <input type="checkbox"/> CONTINUING CARE |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |             |            |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------------|------------|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |             |            | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64       | 65+        | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 75                           | 354         | 13         |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |             |            |      |       |     |       |       |     | 166,839 |
| (3) UNITS OF SERVICE                     | 452                          | 2,127       | 80         |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64       | 65+        | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 135<br>Est.                  | 238<br>Est. | 15<br>Est. |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |             |            |      |       |     |       |       |     | 184,740 |
| (6) UNITS OF SERVICE                     | 819                          | 1,427       | 94         |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64       | 65+        | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 143<br>Est.                  | 251<br>Est. | 16<br>Est. |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |             |            |      |       |     |       |       |     | 194,238 |
| (9) UNITS OF SERVICE                     | 866                          | 1,509       | 99         |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Primarily for persons within Raza communities in an acute state of emotional and mental disorder.

PROGRAM OBJECTIVES- To provide direct services including evaluation, diagnoses, family therapy, individual therapy and group visits and referral services.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                    |                                                            |                                              |                                                                                 |
|------------------------------------|------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------|
| (1) _____NURSE PRACTITIONER        | (5) <u>.93</u> PSYCHIATRIST-BOARD CERTIFIED<br>OR ELIGIBLE | (9) _____OTHER PSYCHOLOGIST                  | (13) _____LICENSED MARRIAGE FAMILY<br>AND CHILD COUNSELOR                       |
| (2) _____PSYCHIATRIC NURSE         | (6) _____OTHER PHYSICIAN                                   | (10) _____LICENSED PSYCHIATRIC<br>TECHNICIAN | (14) _____REHABILITATION THERAPIST                                              |
| (3) _____REGISTERED NURSE          | (7) _____LICENSED PHARMACIST                               | (11) _____LICENSED CLINICAL<br>SOCIAL WORKER | (15) <u>3.0</u> UNLICENSED MENTAL HEALTH<br>WORKER                              |
| (4) _____LICENSED VOCATIONAL NURSE | (8) _____LICENSED PSYCHOLOGIST                             | (12) _____OTHER SOCIAL WORKER                | (16) <u>1.41*</u> ALL OTHER PAID TREATMENT<br>PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                    | .61 Mental Health Director<br>.80 Clinical Director        |                                              | (17) _____VOLUNTEER AND STUDENT                                                 |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                       |                                    |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: City of Berkeley-Crisis Intervention<br>ADDRESS: 2180 Milvia St.<br>CITY: Berkeley, CA | CATCHMENT AREA:<br>17<br>Berk/Alb. | PROVIDER NUMBER:<br>0197                           |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94704                                                                                            |                                    |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                                |                                                                                                       | SERVICE FUNCTION CODE: _____       | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                       |                                    |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                                   |                                                                                                       |                                    |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 8                            | 1,016 | 46  |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 135,540 |
| (3) UNITS OF SERVICE                     | 16                           | 1,641 | 54  |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 1,304 |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 170,870 |
| (6) UNITS OF SERVICE                     |                              | 1,444 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 1,304 |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 117,396 |
| (9) UNITS OF SERVICE                     |                              | 1,444 |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED-

PROGRAM OBJECTIVES-

Program description included in City of Berkeley Short-Doyle Mental Health.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                          |                                                  |                                                                              |
|-------------------------------------|----------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>1.33</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                     | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                      |
| (2) <u>.95</u> PSYCHIATRIC NURSE    | (6) _____ OTHER PHYSICIAN                                | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN       | (14) _____ REHABILITATION THERAPIST                                          |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                            | (11) <u>1.72</u> LICENSED CLINICAL SOCIAL WORKER | (15) <u>1.0</u> UNLICENSED MENTAL HEALTH WORKER                              |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>.07</u> LICENSED PSYCHOLOGIST                     | (12) _____ OTHER SOCIAL WORKER                   | (16) <u>2.59*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     | * .99 Program Supervisor<br>1.60 Mental Health Clinician |                                                  | (17) _____ VOLUNTEER AND STUDENT                                             |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                        |                                                                                                    |                                    |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                   | PROVIDER NAME: City of Berkeley - Rehabilitation<br>ADDRESS: 2180 Milvia St.<br>CITY: Berkeley, CA | CATCHMENT AREA:<br>17<br>Berk/Alb. | PROVIDER NUMBER:<br>0197                     |
| COUNTY CODE: 01                                                                                                                                        | ZIP: 94704                                                                                         |                                    |                                              |
| PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM                                                                                                     |                                                                                                    | SERVICE FUNCTION CODE:             | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                    |                                    |                                              |
| SERVICE: (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                 |                                                                                                    |                                    |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 136   |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 143,704 |
| (3) UNITS OF SERVICE                     |                              | 3,166 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82(1)                   | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 342   |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 130,268 |
| (6) UNITS OF SERVICE                     |                              | 2,043 |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 639   |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 256,748 |
| (9) UNITS OF SERVICE                     |                              | 3,820 |     |      |       |     |       |       |     |         |

## PRIMARY PROBLEMS TREATED-

Program description included in City of Berkeley Short-Doyle Mental Health Plan.

## PROGRAM OBJECTIVES-

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

\* .992 M.H. Program Supervisor

- |                                                                                                                    |                                                          |                                                  |                                                                              |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                                                       | (5) <u>1.33</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                     | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                      |
| (2) <u>.95</u> PSYCHIATRIC NURSE                                                                                   | (6) _____ OTHER PHYSICIAN                                | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN       | (14) _____ REHABILITATION THERAPIST                                          |
| (3) _____ REGISTERED NURSE                                                                                         | (7) _____ LICENSED PHARMACIST                            | (11) <u>3.15</u> LICENSED CLINICAL SOCIAL WORKER | (15) <u>2.6</u> UNLICENSED MENTAL HEALTH WORKER                              |
| (4) _____ LICENSED VOCATIONAL NURSE                                                                                | (8) <u>.01</u> LICENSED PSYCHOLOGIST                     | (12) _____ OTHER SOCIAL WORKER                   | (16) <u>.992*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Portion of Rehab. Funds used to establish partial day component, after Day Treatment Program cut in F.Y. 81-82 |                                                          |                                                  | (17) _____ VOLUNTEER AND STUDENT                                             |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                           |                                       |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: E. Oak. Health Alliance - Adult Outp.<br>ADDRESS: 7515 E. 14th Street<br>CITY: Oakland, CA | CATCHMENT AREA:<br>20<br>East Oakland | PROVIDER NUMBER:<br>0190                           |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94621                                                                                                |                                       |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                                |                                                                                                           | SERVICE FUNCTION CODE: _____          | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                           |                                       |                                                    |
|                                                                                                                                                                 |                                                                                                           |                                       |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |                               |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------------------------------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |                               |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64                         | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 675                           |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |                               |     |      |       |     |       |       |     | 179,158 |
| (3) UNITS OF SERVICE                     |                              | 3,590                         |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64                         | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 571<br>Est.                   |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |                               |     |      |       |     |       |       |     | 126,569 |
| (6) UNITS OF SERVICE                     |                              | 3,038                         |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64                         | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | Program closed in F.Y. 82-83. |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |                               |     |      |       |     |       |       |     |         |
| (9) UNITS OF SERVICE                     |                              |                               |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Acute emotional disturbances including psychosis, neurosis, depression and life crisis.

PROGRAM OBJECTIVES- To provide assessment, diagnosis, treatment and referral in the form of assessment, individual, family therapy, group crisis intervention and medication visits.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- NH

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                         |                                              |                                                    |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: E. Oak. Health Alliance - Child Outp.    | CATCHMENT AREA: 20                           | PROVIDER NUMBER: 0190                              |
| COUNTY CODE: 01                                            | ADDRESS: 7515 E. 14th St.                               | East Oakland                                 |                                                    |
|                                                            | CITY: Oakland, CA                                       | ZIP: 94621                                   |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>                          | SERVICE FUNCTION CODE: _____                 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              |                                                         |                                              |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |                               |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-------------------------------|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |                               | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+                           | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 347                          |       |                               |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |                               |      |       |     |       |       |     | 136,083 |
| (3) UNITS OF SERVICE                     | 1,961                        |       |                               |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+                           | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 263<br>Est.                  |       |                               |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |                               |      |       |     |       |       |     | 161,391 |
| (6) UNITS OF SERVICE                     | 1,490                        |       |                               |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+                           | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | Program closed in F.Y. 82-83. |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |                               |      |       |     |       |       |     |         |
| (9) UNITS OF SERVICE                     |                              |       |                               |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Provides direct and indirect outpatient mental health services to children and their families suffering from acute emotional disturbances, learning problems, behavior problems and life crisis.

PROGRAM OBJECTIVES- To provide psychiatric and psychotherapeutic assessment, diagnosis, treatment and referral as follows: individual visits, family therapy visits, assessment visits, group therapy visits, medication visits and crisis intervention visits; to provide consultation education and information services.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.) - NIH

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                    |                                                                                                           |                                                       |                       |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------|
| COUNTY NAME: Alameda                                                                                               | PROVIDER NAME: West Oakland Health Center - Child (OCJP)<br>ADDRESS: 700 Adeline St.<br>CITY: Oakland, CA | CATCHMENT AREA: 18 North/West Oak.                    | PROVIDER NUMBER: 0170 |
| COUNTY CODE: 01                                                                                                    | ZIP: 94607                                                                                                |                                                       |                       |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                  |                                                                                                           | CONTINUING CARE PROGRAM                               |                       |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE |                                                                                                           | SERVICE FUNCTION CODE: _____                          |                       |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                      |                                                                                                           | (4) <input type="checkbox"/> CONTINUING CARE          |                       |
|                                                                                                                    |                                                                                                           | NUMBER OF MENTAL HEALTH BEDS: _____<br>(F.Y. 1982-83) |                       |

| FISCAL YEAR 1980-81(1)                   | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 105,165 |
| (3) UNITS OF SERVICE                     | 799                          |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 236                          |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 109,250 |
| (6) UNITS OF SERVICE                     | 1,140                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 236                          |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 60,661  |
| (9) UNITS OF SERVICE                     | 1,140                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Provides outpatient services to acutely and chronically mentally disturbed youth, including Probation Dept. referred youth and their families. Provides diagnostic consultation to the court.

PROGRAM OBJECTIVES- To provide individual youth outpatient visits and group youth outpatient visits.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                                 |                                                       |                                            |                                                                       |
|---------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                    | (5) <u>5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                                                     | (6) _____ OTHER PHYSICIAN                             | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                                                      | (7) _____ LICENSED PHARMACIST                         | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                                             | (8) <u>.90</u> LICENSED PSYCHOLOGIST                  | (12) <u>1.0</u> OTHER SOCIAL WORKER        | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Program operational mid-F.Y. 80-81. Adjusted Gross includes start-up costs. |                                                       |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

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II. HEADING INSTRUCTIONS

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- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                          |                                                                                                      |                            |                                              |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                     | PROVIDER NAME: Ann Martin Children's Center<br>ADDRESS: 1250 Grand Avenue<br>CITY: Piedmont, CA      | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0128                        |
| COUNTY CODE: 01                                                                                          | ZIP: 94610                                                                                           |                            |                                              |
| PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM                                                       |                                                                                                      | SERVICE FUNCTION CODE:     | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 80<br>Est.                   |       |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 47,552 |
| (3) UNITS OF SERVICE                     | 2,686                        |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 90<br>Est.                   |       |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 48,549 |
| (6) UNITS OF SERVICE                     | 3,022                        |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 49<br>Est.                   |       |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 52,668 |
| (9) UNITS OF SERVICE                     | 1,653                        |       |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Provides differential diagnoses and treatment services for children (3-18 years) with behavioral, psychiatric and/or learning problems.

PROGRAM OBJECTIVES- 1) To provide outpatient and/or divorce counseling visits; 2) to provide consultation.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                            |                                                                              |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                      |
| (2) _____ PSYCHIATRIC NURSE         | (6) <u>.1</u> OTHER PHYSICIAN                      | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                          |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                   |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <u>6.0</u> * ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                             |

\* Clinicians &amp; Tutors



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                |                              |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Pacific Children's Center<br>ADDRESS: 303 Van Buren Avenue<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide   | PROVIDER NUMBER: 0130                              |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94610                                                                                     |                              |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                                |                                                                                                | SERVICE FUNCTION CODE: _____ | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                |                              |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                                   |                                                                                                |                              |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|-------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |       |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |       |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |       |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |       |
| (3) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |       |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |       |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |       |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |       |
| (6) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |       |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |       |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 15<br>Est.                   |       |     |      |       |     |       |       |     |       |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 5,613 |
| (9) UNITS OF SERVICE                     | 125                          |       |     |      |       |     |       |       |     |       |

PRIMARY PROBLEMS TREATED- Children (2-6) who are 1) emotionally disturbed; 2) developmentally delayed or language impaired; 3) neurologically handicapped/emotionally disturbed. Also, provide supportive services to parents.

PROGRAM OBJECTIVES- Parent therapy, group therapy, counseling, mental health education for parents.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- \*

- |                                                          |                                                    |                                            |                                                                       |
|----------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                             | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                              | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                               | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                      | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| * Services contracted out to therapists, disciplines N/A |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups: MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.  
MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.  
MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                         |                                              |                                                    |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: Eden Children's Outpatient               | CATCHMENT AREA: 21-22                        | PROVIDER NUMBER: 0112                              |
| COUNTY CODE: 01                                            | ADDRESS: 15400 Foothill Blvd.                           | Day, CV, S, Le, SLz                          |                                                    |
|                                                            | CITY: San Leandro, CA                                   | ZIP: 94578                                   |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>                          | SERVICE FUNCTION CODE: _____                 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              |                                                         |                                              |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 160                          |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 244,070 |
| (3) UNITS OF SERVICE                     | 2,994                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 169                          |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 286,399 |
| (6) UNITS OF SERVICE                     | 2,776                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 270                          |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 332,588 |
| (9) UNITS OF SERVICE                     | 4,438                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Child and youth with a history of psychiatric hospitalization or out-of-home placement due to severe emotional problems and maladaptive behavior; parents and care givers involved in the care and treatment of young clients.

PROGRAM OBJECTIVES- To evaluate, treat, and reduce mental health problems by providing comprehensive outpatient services to children, youth and their families; to facilitate residential placement and follow-up care when necessary.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                        |                                               |                                                                       |
|-------------------------------------|--------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>25</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) <u>.5</u> PSYCHIATRIC NURSE     | (6) _____ OTHER PHYSICIAN                              | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN    | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                          | (11) <u>4</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>1</u> LICENSED PSYCHOLOGIST                     | (12) _____ OTHER SOCIAL WORKER                | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                        |                                               | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

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- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (i-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                       |                                  |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Alameda Children's Outpatient<br>ADDRESS: 2226 Santa Clara Avenue<br>CITY: Alameda, CA | CATCHMENT AREA:<br>19<br>Alameda | PROVIDER NUMBER:<br>0152                           |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94501                                                                                            |                                  |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                                |                                                                                                       | SERVICE FUNCTION CODE: _____     | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                       |                                  |                                                    |
|                                                                                                                                                                 |                                                                                                       |                                  |                                                    |

| FISCAL YEAR 1980-81(1)                   | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 30                           |       |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 27,421 |
| (3) UNITS OF SERVICE                     | 269                          |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 29                           |       |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 47,437 |
| (6) UNITS OF SERVICE                     | 360                          |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 57                           |       |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 55,791 |
| (9) UNITS OF SERVICE                     | 705                          |       |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Child and youth with a history of psychiatric hospitalization or out-of-home placement due to severe emotional problems and maladaptive behavior; parents and care givers involved in the care and treatment of young clients.

PROGRAM OBJECTIVES- To evaluate, treat and reduce mental health problems by providing comprehensive outpatient services to children, youth and their families; to facilitate residential placement and follow-up care when necessary.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                  |                                                        |                                               |                                                                      |
|--------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|
| (1) _____NURSE PRACTITIONER                      | (5) <u>.5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____OTHER PSYCHOLOGIST                   | (13) _____LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____PSYCHIATRIC NURSE                       | (6) _____OTHER PHYSICIAN                               | (10) _____LICENSED PSYCHIATRIC TECHNICIAN     | (14) _____REHABILITATION THERAPIST                                   |
| (3) _____REGISTERED NURSE                        | (7) _____LICENSED PHARMACIST                           | (11) <u>1</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____LICENSED VOCATIONAL NURSE               | (8) _____LICENSED PSYCHOLOGIST                         | (12) _____OTHER SOCIAL WORKER                 | (16) _____ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Experienced staffing problems in F.Y. 80-81. |                                                        |                                               | (17) _____VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                                                               |                                                                                                   |                                 |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                                                                          | PROVIDER NAME: Valley Children's Outpatient<br>ADDRESS: 3720 Hopyard Road<br>CITY: Pleasanton, CA | CATCHMENT AREA:<br>24<br>Valley | PROVIDER NUMBER:<br>0132                     |
| COUNTY CODE: 01                                                                                                                                                                                               | ZIP: 94566                                                                                        |                                 |                                              |
| PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM                                                                                                                                                            |                                                                                                   | SERVICE FUNCTION CODE:          | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input type="checkbox"/> PARTIAL DAY CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                   |                                 |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 120                          |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 146,801 |
| (3) UNITS OF SERVICE                     | 1,292                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 124                          |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 161,554 |
| (6) UNITS OF SERVICE                     | 1,359                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 232                          |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 201,935 |
| (9) UNITS OF SERVICE                     | 2,541                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Child and youth with a history of psychiatric hospitalization or out-of-home placement due to severe emotional problems and maladaptive behavior; parents and care givers involved in the care of young clients.

PROGRAM OBJECTIVES- To evaluate, treat and reduce mental health problems by providing comprehensive outpatient services to children, youth and their families; to facilitate residential placement and follow-up care when necessary.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                     |                                                       |                                               |                                                                       |
|-------------------------------------|-------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                             | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN    | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                         | (11) <u>3</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>1</u> LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER                | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                       |                                               | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMISS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                                                   |                                   |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Tri-City Children's Outpatient<br>ADDRESS: 38238 Glenmoor Dr.<br>CITY: Fremont, CA | CATCHMENT AREA:<br>23<br>Tri-City | PROVIDER NUMBER:<br>0122                           |
| COUNTY CODE: 01                                                                                                                                                 | ZIP: 94536                                                                                        |                                   |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                                |                                                                                                   | SERVICE FUNCTION CODE: _____      | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                                   |                                   |                                                    |
| (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                                   |                                                                                                   |                                   |                                                    |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 140                          |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 154,604 |
| (3) UNITS OF SERVICE                     | 1,229                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 137                          |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 121,662 |
| (6) UNITS OF SERVICE                     | 1,240                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 178                          |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 98,499  |
| (9) UNITS OF SERVICE                     | 1,612                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Child and youth with a history of psychiatric hospitalization or out-of-home placement due to severe emotional problems and maladaptive behavior; parents and care givers involved in the care and treatment of young clients.

PROGRAM OBJECTIVES- To evaluate, treat and reduce mental health problems by providing comprehensive outpatient services to children, youth and their families; to facilitate residential placement and follow-up care when necessary.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                         |                                               |                                                                       |
|-------------------------------------|---------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>1.5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                               | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN    | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                           | (11) <u>1</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                         | (12) _____ OTHER SOCIAL WORKER                | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                         |                                               | (17) _____ VOLUNTEER AND STUDENT                                      |



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- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                                                               |                                                                                             |                                            |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                                                                          | PROVIDER NAME: North Region Family & Child<br>ADDRESS: 285-17th Street<br>CITY: Oakland, CA | CATCHMENT AREA:<br>18+20<br>Cent/East Oak. | PROVIDER NUMBER:<br>0120                           |
| COUNTY CODE: 01                                                                                                                                                                                               | ZIP: 94612                                                                                  |                                            |                                                    |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                                                                                                                             |                                                                                             | CONTINUING CARE PROGRAM                    |                                                    |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input type="checkbox"/> PARTIAL DAY CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                             | SERVICE FUNCTION CODE: _____               | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) _____ |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 122                          |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 193,044 |
| (3) UNITS OF SERVICE                     | 1,713                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 158                          |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 234,313 |
| (6) UNITS OF SERVICE                     | 2,257                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 214                          |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 237,873 |
| (9) UNITS OF SERVICE                     | 3,053                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Child and youth with a history of psychiatric hospitalization or out-of-home placement due to severe emotional problems and maladaptive behavior; parents and care givers involved in the care and treatment of young clients.

PROGRAM OBJECTIVES- To evaluate, treat and reduce mental health problems by providing comprehensive outpatient services to children, youth and their families; to facilitate residential placement and follow up care when necessary.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                    |                                                        |                                                 |                                                                      |
|------------------------------------|--------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|
| (1) _____NURSE PRACTITIONER        | (5) <u>.5</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____OTHER PSYCHOLOGIST                     | (13) _____LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) <u>.5</u> PSYCHIATRIC NURSE    | (6) _____OTHER PHYSICIAN                               | (10) _____LICENSED PSYCHIATRIC TECHNICIAN       | (14) _____REHABILITATION THERAPIST                                   |
| (3) _____REGISTERED NURSE          | (7) _____LICENSED PHARMACIST                           | (11) <u>3.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____LICENSED VOCATIONAL NURSE | (8) <u>2.5</u> LICENSED PSYCHOLOGIST                   | (12) _____OTHER SOCIAL WORKER                   | (16) _____ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                    |                                                        |                                                 | (17) _____VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                         |                                              |                                              |
|------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: Guidance/Dependent Child Unit            | CATCHMENT AREA:                              | PROVIDER NUMBER:                             |
| COUNTY CODE: 01                                            | ADDRESS: 15400 Foothill Blvd.                           |                                              |                                              |
|                                                            | CITY: San Leandro, CA                                   | ZIP: 94578                                   | Countywide                                   |
| PROGRAM: TREATMENT PROGRAM                                 | CONTINUING CARE PROGRAM                                 | SERVICE FUNCTION CODE:                       | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input checked="" type="checkbox"/> OUTPATIENT CARE | (4) <input type="checkbox"/> CONTINUING CARE |                                              |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              |                                                         |                                              |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 820                          |       |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 362,750 |
| (3) UNITS OF SERVICE                     | 5,034                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 727                          |       |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 327,571 |
| (6) UNITS OF SERVICE                     | 6,039                        |       |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 700                          |       |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 290,877 |
| (9) UNITS OF SERVICE                     | 5,812                        |       |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Provides services to high-risk youth referred by the Juvenile Court, probation officers or child welfare workers, offers consultation to Juvenile Court, Probation and service employees around case dispositions and resources for psychotherapeutic services.

PROGRAM OBJECTIVES- 1) Provides court-ordered diagnostic evaluations, crisis intervention, and treatment for emotionally disturbed children and youth under the jurisdiction of the Juvenile Court; 2) provides consultation and training to the Juvenile Court, Probation Department and Social Services Agency.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                         |                                               |                                                                       |
|-------------------------------------|---------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) <u>1.0</u> PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                  | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                               | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN    | (14) <u>1</u> REHABILITATION THERAPIST                                |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                           | (11) <u>2</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>3.5</u> LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER                | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                         |                                               | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                                                               |                                                                                              |                            |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                                                                          | PROVIDER NAME: Prevocational Program<br>ADDRESS: 14234 Catalina St.<br>CITY: San Leandro, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0133                        |
| COUNTY CODE: 01                                                                                                                                                                                               | ZIP: 94577                                                                                   |                            |                                              |
| PROGRAM: TREATMENT PROGRAM CONTINUING CARE PROGRAM                                                                                                                                                            |                                                                                              | SERVICE FUNCTION CODE:     | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input type="checkbox"/> PARTIAL DAY CARE (3) <input checked="" type="checkbox"/> OUTPATIENT CARE (4) <input type="checkbox"/> CONTINUING CARE |                                                                                              |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |            |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|------------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |            |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64      | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 40<br>Est. |     |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |            |     |      |       |     |       |       |     | 460,265 |
| (3) UNITS OF SERVICE                     |                              | 5,341      |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64      | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 32         |     |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |            |     |      |       |     |       |       |     | 566,139 |
| (6) UNITS OF SERVICE                     |                              | 4,237      |     |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64      | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 78<br>Est. |     |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |            |     |      |       |     |       |       |     | 583,515 |
| (9) UNITS OF SERVICE                     |                              | 10,324     |     |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- This program deals exclusively with the vocational rehabilitation of the mentally handicapped.  
Primary problems treated: absence of job skills, poor work habits, lack of self confidence, lack of work experience.

PROGRAM OBJECTIVES- 1) Provide work experience and classroom training, 2) provide work adjustment and job skill training.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

|                                    |                                                      |                                                       |                                                                                                        |
|------------------------------------|------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| (1) _____NURSE PRACTITIONER        | (5) _____PSYCHIATRIST-BOARD CERTIFIED<br>OR ELIGIBLE | (9) _____OTHER PSYCHOLOGIST                           | (13) _____LICENSED MARRIAGE FAMILY<br>AND CHILD COUNSELOR                                              |
| (2) _____PSYCHIATRIC NURSE         | (6) _____OTHER PHYSICIAN                             | (10) <u>3</u> _____LICENSED PSYCHIATRIC<br>TECHNICIAN | (14) <u>3</u> _____REHABILITATION THERAPIST                                                            |
| (3) _____REGISTERED NURSE          | (7) _____LICENSED PHARMACIST                         | (11) <u>1</u> _____LICENSED CLINICAL<br>SOCIAL WORKER | (15) _____UNLICENSED MENTAL HEALTH<br>WORKER                                                           |
| (4) _____LICENSED VOCATIONAL NURSE | (8) _____LICENSED PSYCHOLOGIST                       | (12) _____OTHER SOCIAL WORKER                         | (16) <u>1</u> _____ALL OTHER PAID TREATMENT<br>PERSONNEL (SPECIFY ON ATTACHMENT)<br>Program Specialist |
|                                    |                                                      |                                                       | (17) _____VOLUNTEER AND STUDENT                                                                        |



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## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter I, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter I, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan Instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



#### CONTINUING CARE

Substitute Payee Program  
Criminal Justice - AB 1229  
Specialized Services

- \* North Region Family and Child - Case Manager
- Conservatorship - Administration
- Conservatorship - Investigation
- Berkeley Support Services
- \* La Cheim - Case Manager
- Asian Community Mental Health

\* Children's program







NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

## Mental Health

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                                      |                            |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Substitute Payee Program                              | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0100                        |
| COUNTY CODE: 01                                                                                                                                                 | ADDRESS: 224 W. Winton Ave. Room 108<br>CITY: Hayward, CA ZIP: 94544 |                            |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                                |                                                                      | SERVICE FUNCTION CODE: 20  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input checked="" type="checkbox"/> CONTINUING CARE |                                                                      |                            |                                              |
| SERVICE: (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                          |                                                                      |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |             |       |          |       |        |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|-------------|-------|----------|-------|--------|-------|-------|-----|---------|
|                                          | MD                           |             |       | MDO      |       |        | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64       | 65+   | 0-17     | 18-64 | 65+    | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | NOT                          | ESTABLISHED | AS    | SEPARATE | COST  | CENTER | THIS  | YEAR  |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |             |       |          |       |        |       |       |     |         |
| (3) UNITS OF SERVICE                     |                              |             |       |          |       |        |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64       | 65+   | 0-17     | 18-64 | 65+    | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 121         | 19    |          |       |        |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |             |       |          |       |        |       |       |     | 140,458 |
| (6) UNITS OF SERVICE                     |                              | 6,569       | 1,031 |          |       |        |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64       | 65+   | 0-17     | 18-64 | 65+    | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 144         | 28    |          |       |        |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |             |       |          |       |        |       |       |     | 107,445 |
| (9) UNITS OF SERVICE                     |                              | 6,569       | 1,031 |          |       |        |       |       |     |         |

PRIMARY PROBLEMS TREATED- Inability to manage funds for daily living and/or maintain stable living arrangements.

PROGRAM OBJECTIVES- To prevent clients from requiring a higher level of care by managing funds for daily living and facilitating placement arrangements.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                          |                                            |                                                                             |
|-------------------------------------|----------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE       | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                                | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                            | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                  |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                          | (12) _____ OTHER SOCIAL WORKER             | (16) <u>2.5*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     | *2.0 Patient Services Technicians<br>.5 Specialist Clerk |                                            | (17) _____ VOLUNTEER AND STUDENT                                            |



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- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups: MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.  
MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.  
MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

Criminal Justice - AB 1229

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                          |                            |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: Highland General Hospital | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0101                        |
| COUNTY CODE: 01                                                                                                                                                 | ADDRESS: 1411 E. 31st Street, Ward C-2   |                            |                                              |
|                                                                                                                                                                 | CITY: Oakland, CA                        | ZIP: 94602                 |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                                                                      | CONTINUING CARE PROGRAM                  | SERVICE FUNCTION CODE: 20  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input checked="" type="checkbox"/> CONTINUING CARE |                                          |                            |                                              |
| SERVICE: (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                          |                                          |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |            |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|------------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |            |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64      | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       | 14<br>Est. |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |            |     | 44,106 |
| (3) UNITS OF SERVICE                     |                              |       |     |      |       |     |       | 456        |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64      | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       | 20<br>Est. |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |            |     | 62,820 |
| (6) UNITS OF SERVICE                     |                              |       |     |      |       |     |       | 639        |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64      | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       | 20<br>Est. |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |            |     | 61,934 |
| (9) UNITS OF SERVICE                     |                              |       |     |      |       |     |       | 639        |     |        |

PRIMARY PROBLEMS TREATED- Population served is the mentally disordered sex offenders in custody; individuals determined to be incompetent to stand trial; and individuals determined not guilty by reason of insanity.

PROGRAM OBJECTIVES- Provides diagnostic evaluation and dispositional recommendations and follow-up to community AB 1229 placements.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                            |                                                                       |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) <u>5</u> LICENSED PSYCHOLOGIST                 | (12) _____ OTHER SOCIAL WORKER             | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                             |                                                                                                         |                            |                                              |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                        | PROVIDER NAME: Specialized Services<br>ADDRESS: 4400 MacArthur Blvd.<br>CITY: Oakland, CA               | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0114                        |
| COUNTY CODE: 01                                                                                             | ZIP: 94619                                                                                              |                            |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                           | <u>CONTINUING CARE PROGRAM</u>                                                                          | SERVICE FUNCTION CODE: 10  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input checked="" type="checkbox"/> CONTINUING CARE |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |             |      |          |             |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|--------|-------------|------|----------|-------------|-------|-------|-----|---------|
|                                          | MD                           |        |             | MDO  |          |             | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64  | 65+         | 0-17 | 18-64    | 65+         | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | NOT    | ESTABLISHED | AS   | SEPARATE | COST CENTER | THIS  | YEAR  |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |             |      |          |             |       |       |     |         |
| (3) UNITS OF SERVICE                     |                              |        |             |      |          |             |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64  | 65+         | 0-17 | 18-64    | 65+         | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 150    |             |      |          |             |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |             |      |          |             |       |       |     | 306,947 |
| (6) UNITS OF SERVICE                     |                              | 10,168 |             |      |          |             |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+         | 0-17 | 18-64    | 65+         | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 150    |             |      |          |             |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |             |      |          |             |       |       |     | 325,536 |
| (9) UNITS OF SERVICE                     |                              | 10,168 |             |      |          |             |       |       |     |         |

PRIMARY PROBLEMS TREATED- Program serves chronically mentally disabled individuals who have a history of repeated hospitalization, but fail to use available outpatient services.

PROGRAM OBJECTIVES- Effect a community adjustment that will reduce the frequency and length of hospitalization.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                                 |                                                                             |
|-------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) <u>.80</u> PSYCHIATRIC NURSE    | (6) _____ OTHER PHYSICIAN                          | (10) <u>1.0</u> LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) <u>3.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                  |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER                  | (16) <u>1.0*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    | * 1.0 Transportation Worker                     | (17) _____ VOLUNTEER AND STUDENT                                            |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

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- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                             |                                                                                                         |                            |                                              |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                        | PROVIDER NAME: Specialized Services                                                                     | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0114                        |
| COUNTY CODE: 01                                                                                             | ADDRESS: 4400 MacArthur Blvd.<br>CITY: Oakland, CA<br>ZIP: 94619                                        |                            |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                           | <u>CONTINUING CARE PROGRAM</u>                                                                          | SERVICE FUNCTION CODE: 20  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input checked="" type="checkbox"/> CONTINUING CARE |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |                 |     |         |                  |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-----------------|-----|---------|------------------|-----|-------|-------|-----|--------|
|                                          | MD                           |                 |     | MDO     |                  |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64           | 65+ | 0-17    | 18-64            | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | NOT ESTABLISHED |     | AS COST | CENTER THIS YEAR |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |                 |     |         |                  |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |                 |     |         |                  |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64           | 65+ | 0-17    | 18-64            | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 200             |     |         |                  |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |                 |     |         |                  |     |       |       |     | 89,421 |
| (6) UNITS OF SERVICE                     |                              | 2,962           |     |         |                  |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64           | 65+ | 0-17    | 18-64            | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 200             |     |         |                  |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |                 |     |         |                  |     |       |       |     | 94,837 |
| (9) UNITS OF SERVICE                     |                              | 2,962           |     |         |                  |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Program serves chronically mentally disabled individuals who have a history of repeated hospitalization, but fail to use available outpatient services.

PROGRAM OBJECTIVES- Effect a community adjustment that will reduce the frequency and length of hospitalization.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                                 |                                                                       |
|-------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN      | (14) <u>1.8</u> REHABILITATION THERAPIST                              |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) <u>1.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER                  | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                                 | (17) _____ VOLUNTEER AND STUDENT                                      |



## I. GENERAL

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- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

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(See below for definitions of target groups.)

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## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                             |                                                                                                         |                                         |                                              |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                        | PROVIDER NAME: North Region Family & Child                                                              | CATCHMENT AREA: 18+20<br>Cent/East Oak. | PROVIDER NUMBER: 0120                        |
| COUNTY CODE: 01                                                                                             | ADDRESS: 285 - 17th Street<br>CITY: Oakland, CA ZIP: 94612                                              |                                         |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                  | CONTINUING CARE PROGRAM                                                                                 | SERVICE FUNCTION CODE: 21               | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input checked="" type="checkbox"/> CONTINUING CARE |                                         |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |             |                  |        |           |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-------------|------------------|--------|-----------|-------|-------|-----|--------|
|                                          | MD                           |       |             | MDO              |        |           | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+         | 0-17             | 18-64  | 65+       | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | NOT   | ESTABLISHED | AS SEPARATE COST | CENTER | THIS YEAR |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |             |                  |        |           |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |             |                  |        |           |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+         | 0-17             | 18-64  | 65+       | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 81                           |       |             |                  |        |           |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |             |                  |        |           |       |       |     | 34,705 |
| (6) UNITS OF SERVICE                     | 917                          |       |             |                  |        |           |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+         | 0-17             | 18-64  | 65+       | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 81                           |       |             |                  |        |           |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |             |                  |        |           |       |       |     | 37,020 |
| (9) UNITS OF SERVICE                     | 917                          |       |             |                  |        |           |       |       |     |        |

PRIMARY PROBLEMS TREATED- Emotionally disturbed children and youth requiring out-of-home care, ranging from hospitalization to community residential facility.

PROGRAM OBJECTIVES- To assure maximum and appropriate utilization of treatment resources and to reduce State Hospital utilization through resource networking and case management.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                                 |                                                                       |
|-------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                    | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN      | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) <u>1.0</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER                  | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                                 | (17) _____ VOLUNTEER AND STUDENT                                      |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                      |                                                                                                   |                            |                       |
|----------------------|---------------------------------------------------------------------------------------------------|----------------------------|-----------------------|
| COUNTY NAME: Alameda | PROVIDER NAME: Conservatorship - Administration<br>ADDRESS: 480 - 4th Street<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0187 |
| COUNTY CODE: 01      | ZIP: 94607                                                                                        |                            |                       |

|                                                                                                             |                                                                                                         |                           |                                              |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|
| PROGRAM: TREATMENT PROGRAM                                                                                  | CONTINUING CARE PROGRAM                                                                                 | SERVICE FUNCTION CODE: 30 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input checked="" type="checkbox"/> CONTINUING CARE |                           |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|--------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |        |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 62                           | 603    | 28  |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     | 208,709 |
| (3) UNITS OF SERVICE (1)                 | 1,080                        | 9,298  | 308 |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 53                           | 516    | 24  |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     | 260,946 |
| (6) UNITS OF SERVICE (1)                 | 1,060                        | 10,368 | 488 |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 53                           | 516    | 24  |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     | 231,117 |
| (9) UNITS OF SERVICE (1)                 | 1,060                        | 10,368 | 488 |      |       |     |       |       |     |         |

PRIMARY PROBLEMS TREATED- Problems related to inability of an individual to manage personal, physical, and psychological functions.

PROGRAM OBJECTIVES- Provides conservatorship services for Alameda County residents; namely, 1) supervising estates, 2) pre-serving physical and psychological welfare of conservatee, including temporary conservatorship.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)- Not available.

- |                                          |                                                   |                                           |                                                                            |
|------------------------------------------|---------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|
| (1) _____NURSE PRACTITIONER              | (5) _____PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____OTHER PSYCHOLOGIST               | (13) _____LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) _____PSYCHIATRIC NURSE               | (6) _____OTHER PHYSICIAN                          | (10) _____LICENSED PSYCHIATRIC TECHNICIAN | (14) _____REHABILITATION THERAPIST                                         |
| (3) _____REGISTERED NURSE                | (7) _____LICENSED PHARMACIST                      | (11) _____LICENSED CLINICAL SOCIAL WORKER | (15) _____UNLICENSED MENTAL HEALTH WORKER                                  |
| (4) _____LICENSED VOCATIONAL NURSE       | (8) _____LICENSED PSYCHOLOGIST                    | (12) _____OTHER SOCIAL WORKER             | (16) <u>N/A</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Distribution by age group estimated. |                                                   |                                           | (17) _____VOLUNTEER AND STUDENT                                            |



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                            |                                                |                                                         |                                              |
|------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                       | PROVIDER NAME: Conservatorship - Investigation | CATCHMENT AREA:                                         | PROVIDER NUMBER:                             |
| COUNTY CODE: 01                                            | ADDRESS: 480 - 4th Street                      | Countywide                                              | 0187                                         |
|                                                            | CITY: Oakland, CA                              | ZIP: 94607                                              |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                          | <u>CONTINUING CARE PROGRAM</u>                 | SERVICE FUNCTION CODE: 40                               | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE | (3) <input type="checkbox"/> OUTPATIENT CARE   | (4) <input checked="" type="checkbox"/> CONTINUING CARE |                                              |
| (2) <input type="checkbox"/> PARTIAL DAY CARE              |                                                |                                                         |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |        |     |      |       |     |       |       |     | TOTAL   |
|------------------------------------------|------------------------------|--------|-----|------|-------|-----|-------|-------|-----|---------|
|                                          | MD                           |        |     | MDO  |       |     | MD/DD |       |     |         |
|                                          | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR | 62                           | 603    | 28  |      |       |     |       |       |     |         |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     | 243,607 |
| (3) UNITS OF SERVICE (1)                 | 1,080                        | 10,572 | 498 |      |       |     |       |       |     |         |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 53                           | 516    | 24  |      |       |     |       |       |     |         |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     | 250,330 |
| (6) UNITS OF SERVICE (1)                 | 957                          | 9,366  | 441 |      |       |     |       |       |     |         |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64  | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |         |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 53                           | 516    | 24  |      |       |     |       |       |     |         |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |        |     |      |       |     |       |       |     | 221,921 |
| (9) UNITS OF SERVICE (1)                 | 957                          | 9,366  | 441 |      |       |     |       |       |     |         |

## PRIMARY PROBLEMS TREATED-

PROGRAM OBJECTIVES- Provide investigative activities regarding conservatorship recommendations including investigation and preparation of a comprehensive report concerning prospective conservatee: preparing petitions for court action; court appearances related to conservatorship process.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                         |                                                    |                                            |                                                                            |
|-----------------------------------------|----------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER            | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                    |
| (2) _____ PSYCHIATRIC NURSE             | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                        |
| (3) _____ REGISTERED NURSE              | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                 |
| (4) _____ LICENSED VOCATIONAL NURSE     | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <u>6.5</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Distribution by caseload estimated. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                           |

Conservatorship Investigators



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                          |                                                                                                      |                           |                                              |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                     | PROVIDER NAME: Berkeley Support Services                                                             | CATCHMENT AREA: 17        | PROVIDER NUMBER: 0118                        |
| COUNTY CODE: 01                                                                                          | ADDRESS: P.O. Box 1996                                                                               | ZIP: 94701                | Berkeley/Albany                              |
| CITY: Berkeley, CA                                                                                       |                                                                                                      |                           |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                        | <u>CONTINUING CARE PROGRAM</u>                                                                       | SERVICE FUNCTION CODE: 10 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input checked="" type="checkbox"/> CONTINUING CARE |                           |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |                     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|---------------------|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |                     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+                 | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | NOT FUNDED IN 80-81 |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |                     |      |       |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |                     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+                 | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | SEE FOOTNOTE (1)    |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |                     |      |       |     |       |       |     |        |
| (6) UNITS OF SERVICE                     |                              |       |                     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+                 | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 201   |                     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |                     |      |       |     |       |       |     | 24,472 |
| (9) UNITS OF SERVICE                     |                              | 2,288 |                     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Chronically mentally ill and/or homeless individuals who are at risk of hospitalization or incarceration.

PROGRAM OBJECTIVES- Provides support services, including crisis housing, mental health advocacy, money management, crisis counseling, representative payee, and SSI advocacy.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                                                                                                                           |                                                    |                                            |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                                                                                                              | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE                                                                                                                                               | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE                                                                                                                                                | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE                                                                                                                                       | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) 1.10* ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Budgeted as Community Services in 81-82. Received Short-Doyle/Bates funds for emergency staffing needs and to provide funds for start-up costs for expanded facility. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                      |

\* .5 Executive Director

.5 Admin. Asst.

.1 Coordinator



## I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

## II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

## III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

## IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                          |                                                                                                      |                           |                                              |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                     | PROVIDER NAME: Berkeley Support Services                                                             | CATCHMENT AREA: 17        | PROVIDER NUMBER: 0118                        |
| COUNTY CODE: 01                                                                                          | ADDRESS: P.O. Box 1996                                                                               | Berkeley/Albany           |                                              |
|                                                                                                          | CITY: Berkeley, CA                                                                                   | ZIP: 94701                |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u>                                                                        | <u>CONTINUING CARE PROGRAM</u>                                                                       | SERVICE FUNCTION CODE: 20 | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input checked="" type="checkbox"/> CONTINUING CARE |                           |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |          |       |       |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|----------|-------|-------|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO      |       |       | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17     | 18-64 | 65+   | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | NOT | FUNDED   | IN    | 80-81 |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |          |       |       |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |     |          |       |       |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17     | 18-64 | 65+   | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | SEE | FOOTNOTE | (1)   |       |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |          |       |       |       |       |     |        |
| (6) UNITS OF SERVICE                     |                              |       |     |          |       |       |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17     | 18-64 | 65+   | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 1,200 |     |          |       |       |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |          |       |       |       |       |     | 36,288 |
| (9) UNITS OF SERVICE                     |                              | 3,328 |     |          |       |       |       |       |     |        |

PRIMARY PROBLEMS TREATED- Chronically mentally ill and/or homeless individuals who are at risk of hospitalization or incarceration.

PROGRAM OBJECTIVES- Provides support services, including crisis housing, mental health advocacy, money management, crisis counseling, representative payee, and SSI advocacy.

## STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                                                                                                                                                           |                                                    |                                            |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER                                                                                                                                              | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR                     |
| (2) _____ PSYCHIATRIC NURSE                                                                                                                                               | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                         |
| (3) _____ REGISTERED NURSE                                                                                                                                                | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                                  |
| (4) _____ LICENSED VOCATIONAL NURSE                                                                                                                                       | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) <u>1.6*</u> ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
| (1) Budgeted as Community Services in 81-82. Received Short-Doyle/Bates funds for emergency staffing needs and to provide funds for start-up costs for expanded facility. |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                            |

\* .1 Executive Director .5 Counselor  
.9 Coordinator .1 Admin. Assistant



**I. GENERAL**

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**II. HEADING INSTRUCTIONS**

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | TREATMENT PROGRAM       |                         | CONTINUING CARE PROGRAM        |
|--------------------------|-------------------------|-------------------------|--------------------------------|
|                          | 24-Hour Care            | Partial Day Care        | Continuing Care                |
| 10-19                    | 24-Hour Acute Hospital  | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp. | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute        | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential             | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                     | ---                     | ---                            |
| 60-69                    | ---                     | ---                     | ---                            |
| 70-79                    | ---                     | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

**III. MATRIX INSTRUCTIONS**

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data: (See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item. For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

- MD - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.
- MDO - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.
- MD/DD - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5).

**IV. NARRATIVE DESCRIPTION**

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                                                                                 |                                                               |                                            |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                                                                            | PROVIDER NAME: La Cheim - Case Manager*                       | CATCHMENT AREA: Ala + Contra C. Countywide | PROVIDER NUMBER: 0127                        |
| COUNTY CODE: 01                                                                                                                                                 | ADDRESS: #1 Bolivar Drive<br>CITY: Berkeley, CA<br>ZIP: 94710 |                                            |                                              |
| PROGRAM: <u>TREATMENT PROGRAM</u> <u>CONTINUING CARE PROGRAM</u>                                                                                                |                                                               | SERVICE FUNCTION CODE: 20                  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE (3) <input type="checkbox"/> OUTPATIENT CARE (4) <input checked="" type="checkbox"/> CONTINUING CARE |                                                               |                                            |                                              |
| SERVICE: (2) <input type="checkbox"/> PARTIAL DAY CARE                                                                                                          |                                                               |                                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |        |          |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|--------|----------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO    |          |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17   | 18-64    | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       | NOT | FUNDED | IN 80-81 |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |        |          |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |     |        |          |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17   | 18-64    | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR | 10                           |       |     |        |          |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |        |          |     |       |       |     | 7,327  |
| (6) UNITS OF SERVICE                     | 600                          |       |     |        |          |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17   | 18-64    | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR | 10                           |       |     |        |          |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |        |          |     |       |       |     | 12,500 |
| (9) UNITS OF SERVICE                     | 807                          |       |     |        |          |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Children and adolescents in out-of-home placements ranging from State Hospitals to local community resources.

PROGRAM OBJECTIVES- Assure maximum utilization of the Regional Program and to reduce State Hospital utilization through case management. Case Manager screens referrals; acts as facility community liaison to the State Hospital child and adolescent programs and to La Cheim; and assists with specific tasks necessary for administration of the Regional Program.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                                |                                                                       |
|-------------------------------------|----------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST                   | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR               |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN     | (14) _____ REHABILITATION THERAPIST                                   |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) <u>.5</u> LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                            |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER                 | (16) _____ ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                                | (17) _____ VOLUNTEER AND STUDENT                                      |

\*Regional Program



I. GENERAL

This document is required for the Local Mental Health Services Programs (Short-Doyle) by Treatment and Continuing Care Programs, by mode of service, by service function as identified in the Cost Reporting/Data Collection (CR/DC) Manual with the exception of the service functions in Outpatient Care. For Outpatient Care one narrative summary will be required for each provider for this mode. This form should not be used to report State Hospital or OMHSS service activities.

II. HEADING INSTRUCTIONS

- A. County Name and County Code - Enter the name of the county and the county code.
- B. Provider Name, Address and City - Enter the name and address of the provider (include zip code).
- C. Catchment areas are composed of census tracts or entire counties. Therefore, catchment area designations are to be determined pursuant to Part A of Volume II in the California Mental Health Plan: 1980-83 where all catchment areas and associated census tracts are listed.
- D. Provider Number - Enter the four digit provider identification number.
- E. Mode of Service - Check the appropriate mode of service.
- F. Service Function Code - Enter the appropriate service function code described by this narrative. (See Table below.) For Outpatient Care leave blank.

| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

For each year, past, current budgeted, and estimated budget, determine and enter by age and target group the following data:  
(See below for definitions of target groups.)

1. Unduplicated Patient Count - Enter the total number of unique clients who received services or who will receive services.
2. Adjusted Gross Program Cost - Enter the total past year actual, if available, otherwise use budgeted figures for this item.  
For this item only report Total Adjusted Gross Program Cost for all ages and target groups.
3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



NARRATIVE SUMMARY - TREATMENT AND CONTINUING CARE PROGRAMS (FORM E)  
MH 1910 (7/82)

FISCAL YEAR 1982-83

|                                                                                                             |                                                                                                                 |                            |                                              |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| COUNTY NAME: Alameda                                                                                        | PROVIDER NAME: Asian Community Mental Health Svcs.<br>ADDRESS: 310 - 8th Street, Suite 201<br>CITY: Oakland, CA | CATCHMENT AREA: Countywide | PROVIDER NUMBER: 0163                        |
| COUNTY CODE: 01                                                                                             | ZIP: 94607                                                                                                      |                            |                                              |
| PROGRAM: TREATMENT PROGRAM                                                                                  | CONTINUING CARE PROGRAM                                                                                         | SERVICE FUNCTION CODE: 20  | NUMBER OF MENTAL HEALTH BEDS: (F.Y. 1982-83) |
| MODE OF SERVICE: (1) <input type="checkbox"/> 24-HOUR CARE<br>(2) <input type="checkbox"/> PARTIAL DAY CARE | (3) <input type="checkbox"/> OUTPATIENT CARE<br>(4) <input checked="" type="checkbox"/> CONTINUING CARE         |                            |                                              |

| FISCAL YEAR 1980-81                      | AGE AND TARGET GROUPS SERVED |       |     |      |       |     |       |       |     | TOTAL  |
|------------------------------------------|------------------------------|-------|-----|------|-------|-----|-------|-------|-----|--------|
|                                          | MD                           |       |     | MDO  |       |     | MD/DD |       |     |        |
|                                          | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (1) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |        |
| (2) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |        |
| (3) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1981-82                      | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (4) UNDUPLICATED CLIENTS SERVED PER YEAR |                              |       |     |      |       |     |       |       |     |        |
| (5) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     |        |
| (6) UNITS OF SERVICE                     |                              |       |     |      |       |     |       |       |     |        |
| FISCAL YEAR 1982-83 BUDGETED             | 0-17                         | 18-64 | 65+ | 0-17 | 18-64 | 65+ | 0-17  | 18-64 | 65+ |        |
| (7) UNDUPLICATED CLIENTS SERVED PER YEAR |                              | 64    |     |      |       |     |       |       |     |        |
| (8) ADJUSTED GROSS PROGRAM COST          |                              |       |     |      |       |     |       |       |     | 35,723 |
| (9) UNITS OF SERVICE                     |                              | 620   |     |      |       |     |       |       |     |        |

PRIMARY PROBLEMS TREATED- Severe mental disorders as they are manifested in individual Asian clients. Cultural adjustment and family or personal crisis among Asian immigrants and Asian American population.

PROGRAM OBJECTIVES- Provide referrals whenever appropriate to various programs and contract services of Alameda County Mental Health Program, co-ordinate services for clients, consult with inpatient services for referred clients, follow clients discharged from hospital.

STAFFING - NO. OF EMPLOYEES BY OCCUPATIONAL TITLE (F.T.E.)-

- |                                     |                                                    |                                            |                                                                    |
|-------------------------------------|----------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|
| (1) _____ NURSE PRACTITIONER        | (5) _____ PSYCHIATRIST-BOARD CERTIFIED OR ELIGIBLE | (9) _____ OTHER PSYCHOLOGIST               | (13) _____ LICENSED MARRIAGE FAMILY AND CHILD COUNSELOR            |
| (2) _____ PSYCHIATRIC NURSE         | (6) _____ OTHER PHYSICIAN                          | (10) _____ LICENSED PSYCHIATRIC TECHNICIAN | (14) _____ REHABILITATION THERAPIST                                |
| (3) _____ REGISTERED NURSE          | (7) _____ LICENSED PHARMACIST                      | (11) _____ LICENSED CLINICAL SOCIAL WORKER | (15) _____ UNLICENSED MENTAL HEALTH WORKER                         |
| (4) _____ LICENSED VOCATIONAL NURSE | (8) _____ LICENSED PSYCHOLOGIST                    | (12) _____ OTHER SOCIAL WORKER             | (16) 5. ALL OTHER PAID TREATMENT PERSONNEL (SPECIFY ON ATTACHMENT) |
|                                     |                                                    |                                            | (17) _____ VOLUNTEER AND STUDENT                                   |

\*case managers



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- E. Mode of Service - Check the appropriate mode of service.
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| Service<br>Function Code | <u>TREATMENT PROGRAM</u> |                         | <u>CONTINUING CARE PROGRAM</u> |
|--------------------------|--------------------------|-------------------------|--------------------------------|
|                          | <u>24-Hour Care</u>      | <u>Partial Day Care</u> | <u>Continuing Care</u>         |
| 10-19                    | 24-Hour Acute Hospital   | Day Treatment Hospital  | Mental Health Social Services  |
| 20-29                    | 24-Hour Acute Non-Hosp.  | Day Treatment Non-Hosp. | Case Management                |
| 30-39                    | 24-Hour Subacute         | Sheltered Workshop      | Conservatorship Administration |
| 40-49                    | Residential              | Social Activity Centers | Conservatorship Investigation  |
| 50-59                    | ---                      | ---                     | ---                            |
| 60-69                    | ---                      | ---                     | ---                            |
| 70-79                    | ---                      | ---                     | ---                            |

- G. Number of Mental Health Beds - In completing this item, report only bed capacity equivalent (i.e., bed years) dedicated to serve patients billed through the Short-Doyle system.

III. MATRIX INSTRUCTIONS

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3. Units of Service - Report the expected units to be provided for the year.

Definitions of target groups:

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MD    | - This category is described pursuant to DSM III or CR/DC Manual, Chapter 1, Standard Terms Section, in reporting services for this population.                                           |
| MDO   | - Use the definition for MDO patient category as described pursuant to CR/DC Manual, Chapter 1, Standard Terms Section.                                                                   |
| MD/DD | - Report mental health services provided to Developmentally Disabled persons pursuant to Department of Mental Health policy contained in 1981-82 County Plan instructions (Appendix B-5). |

IV. NARRATIVE DESCRIPTION

Provide a brief description for Primary Problems Treated and Program Objectives. Use attachment if necessary.

- V. STAFFING - Number of authorized (budgeted) positions (1-16) and volunteer positions (17) by occupational title (full-time equivalent or F.T.E.). See "Definitions for Occupational Titles" in the Standard Terms Section of the CR/DC Manual.

In completing the staffing pattern requirement report all F.T.E. staff directly involved in client treatment or continuing care programs supported by Short-Doyle funds. Do not report staff for administrative support and/or housekeeping functions.



2.4 COSTS AND PERCENTAGES OF ADJUSTED GROSS  
FOR  
STATE AND LOCAL INPATIENT SERVICES

| <u>Age Group/<br/>Services</u> | <u>80-81<br/>Actual</u> | <u>81-82<br/>Actual</u> | <u>82-83<br/>Projected</u> |
|--------------------------------|-------------------------|-------------------------|----------------------------|
| Age 0-17                       |                         |                         |                            |
| State Hospital                 | \$ 550,273              | \$ 483,961              | \$ 483,953                 |
| HPIS                           | 67,328                  | 42,447                  | 38,139                     |
| CJIS                           | -0-                     | -0-                     | -0-                        |
| Gladman Inpatient              | 272,474                 | 247,153                 | 306,850                    |
| Total Inpatient Costs          | \$ 890,075              | \$ 773,561              | \$ 828,942                 |
| Total Program Costs            | \$4,348,333             | \$5,179,793             | \$5,427,795                |
| Percent Total Program          | 20.47%                  | 14.93%                  | 15.27%                     |
| Age 18-64                      |                         |                         |                            |
| State Hospital                 | \$6,506,183             | \$5,463,635             | \$6,762,033                |
| HPIS                           | 2,771,866               | 3,415,090               | 3,061,828                  |
| CJIS                           | 1,502,612               | 1,959,373               | 1,842,339                  |
| Gladman Inpatient              | 684,303                 | 31,575                  | -0-                        |
| Total Inpatient Costs          | \$11,464,964            | \$10,869,673            | \$11,616,200               |
| Total Program Costs            | \$25,068,262            | \$27,919,917            | \$29,075,868               |
| Percent Total Program          | 45.73%                  | 38.93%                  | 40.12%                     |
| Age 65+                        |                         |                         |                            |
| State Hospital                 | \$ 795,031              | \$ 841,170              | \$ 841,157                 |
| HPIS                           | 476,629                 | 344,962                 | 309,270                    |
| CJIS                           | 27,755                  | 15,317                  | 14,363                     |
| Gladman Inpatient              | 27,654                  | 7,077                   | -0-                        |
| Total Inpatient Costs          | \$1,327,069             | \$1,208,526             | \$1,164,790                |
| Total Program Costs            | \$4,045,767             | \$5,709,177             | \$5,959,956                |
| Percent Total Program          | 32.80%                  | 21.17%                  | 19.54%                     |
| All Age Groups                 |                         |                         |                            |
| State Hospital                 | \$ 7,851,487            | \$ 6,788,766            | \$ 8,087,143               |
| HPIS                           | 3,315,823               | 3,802,499               | 3,409,237                  |
| CJIS                           | 1,530,367               | 1,974,690               | 1,856,702                  |
| Gladman Inpatient              | 984,431                 | 285,805                 | 306,850                    |
| Total Inpatient Costs          | \$13,682,108            | \$12,851,760            | \$13,659,932               |
| Total Program Costs            | \$33,462,362            | \$38,808,887            | \$40,463,618               |
| Percent Total Program          | 40.89%                  | 33.12%                  | 33.76%                     |
| Statewide Average - 80-81      | 39.8                    |                         |                            |







## 2.5

L.P.S. STATE HOSPITAL UTILIZATION

| <u>Age Group/<br/>Utilization</u> | 1980-81 (1)  |               | 1981-82 (1)  |               | 1982-83<br>Projected |               |
|-----------------------------------|--------------|---------------|--------------|---------------|----------------------|---------------|
|                                   | <u>Acute</u> | <u>Other*</u> | <u>Acute</u> | <u>Other*</u> | <u>Acute</u>         | <u>Other*</u> |
| Age 0-17                          |              |               |              |               |                      |               |
| Patient Days                      |              | 4,800         |              | 3,780         |                      | 3,780         |
| No. of Patients                   |              | 31            |              | 21            |                      | 21            |
| Age 18-64                         |              |               |              |               |                      |               |
| Patient Days                      | 54,695       | 2,058         | 40,672       | 2,002         | 50,814               | 2,002         |
| No. of Patients                   | 505          | 18            | 397          | 10            | 420                  | 10            |
| Age 65+                           |              |               |              |               |                      |               |
| Patient Days                      |              | 6,935         |              | 6,570         |                      | 6,570         |
| No. of Patients                   |              | 19            |              | 18            |                      | 18            |
| All Age Groups                    |              |               |              |               |                      |               |
| Patient Days                      | 54,695       | 13,793        | 40,672       | 12,352        | 50,814               | 12,352        |
| No. of Patients                   | 505          | 68            | 397          | 49            | 420                  | 49            |
| Total Year                        |              |               |              |               |                      |               |
| Patient Days                      |              | 68,488        |              | 53,024        |                      | 63,166**      |
| No. of Patients                   |              | 573           |              | 446           |                      | 469           |

## Comments:

- (1) No. of Patients equals end of year caseload (6/81)  
plus 81-82 admissions.

\* Estimated.

\*\* Based on actual allocation; actual utilization is anticipated  
to remain at F.Y. 81-82 level.



PROCESSES OF THE JUDICIAL SYSTEM

1. Arrest - The process of taking a person into custody. It is the first step in the criminal justice system. The police are responsible for making arrests. They must have a warrant or probable cause to do so. After an arrest, the person is taken to a police station and then to a jail or prison.

2. Detention - The process of holding a person in custody. It is the second step in the criminal justice system. The person is held in a jail or prison until they are released or charged with a crime. Detention is a temporary measure.

3. Charging - The process of formally accusing a person of a crime. It is the third step in the criminal justice system. The prosecutor is responsible for charging a person with a crime. They must provide evidence to support the charges.

4. Arraignment - The process of bringing a person before a judge. It is the fourth step in the criminal justice system. The judge determines whether the person is guilty of the crime and what the punishment should be. The judge also sets bail for the person.

5. Pretrial - The process of preparing for trial. It is the fifth step in the criminal justice system. The prosecutor and the defense attorney prepare their cases. They gather evidence and interview witnesses. They also negotiate a plea bargain with the prosecutor.

6. Trial - The process of determining the guilt of a person. It is the sixth step in the criminal justice system. The judge presides over the trial. The prosecutor and the defense attorney present their cases. The jury decides whether the person is guilty of the crime.

7. Sentencing - The process of determining the punishment for a crime. It is the seventh step in the criminal justice system. The judge determines the punishment based on the evidence and the law. The punishment can be a fine, imprisonment, or death.

8. Appeal - The process of challenging a conviction or sentence. It is the eighth step in the criminal justice system. The person who was convicted or sentenced can appeal their case to a higher court. The appellate court reviews the case and decides whether to uphold the conviction or sentence.

9. Execution - The process of carrying out a death sentence. It is the ninth step in the criminal justice system. The person is executed by a state or the federal government. Execution is the final step in the criminal justice system.



2.6 PORTION OF ADJUSTED GROSS BUDGET ALLOCATED TO  
 CHILDRENS' SERVICE (0-17)  
 Fiscal Year 1982-83

|                                              | <u>Total</u> | <u>Subtotal<br/>0-17 Age Group</u> | <u>Percent of Total<br/>for 0-17 Age Group</u> |
|----------------------------------------------|--------------|------------------------------------|------------------------------------------------|
| County Population                            | 1,105,379(1) | 277,466                            | 25.10%                                         |
| Total Budget                                 | 40,463,618   | 5,427,795 (2)                      | 13.41%                                         |
| Total Nondesignated<br>New/Expanding Funding | -0-          | -0-                                | -0-                                            |

Data Source:

- (1) Alameda County Planning Dept; April 1, 1980
- (2) Includes prorated share of nondistributed Mental Health  
 Administrative Costs applicable to 0-17 age group.







Section 101. Administration and Finance

The Board shall have the following:

1. A representative of each member of the Board.

2. A representative of the general public.

3. A representative of the business community.

### CHAPTER III ADMINISTRATION AND FINANCE

1. The Board shall have the following powers and duties:

2. The Board shall have the following powers and duties:

3. The Board shall have the following powers and duties:

|                    | Amount     | Amount     |
|--------------------|------------|------------|
|                    | 1961       | 1962       |
| Operating expenses | \$ 100,000 | \$ 100,000 |
| Salaries and wages | \$ 100,000 | \$ 100,000 |
| Depreciation       | \$ 100,000 | \$ 100,000 |
| Interest           | \$ 100,000 | \$ 100,000 |
| Other              | \$ 100,000 | \$ 100,000 |

4. The Board shall have the following powers and duties:

5. The Board shall have the following powers and duties:







### Chapter III Administration and Finance

This chapter shall contain the following:

- 3.1 A specification of gross administrative costs:
  - a) Administrative support costs reflected on line 45 excluding contract providers.
  - b) Administrative support costs as a percent of the total gross budget.
- 3.2 A schedule of Federal Community Mental Health Centers declining grants for county providers and those services for which the county contracts in the following format:

|                                       | <u>Grant<br/>Level</u> | <u>Funding<br/>Year</u> |
|---------------------------------------|------------------------|-------------------------|
| Provider Name: _____                  | \$ _____               | _____                   |
| Reduction in Federal share FY 1982-83 | \$ _____               | _____                   |
| Reduction in Federal share FY 1983-84 | \$ _____               | _____                   |
| Reduction in Federal share FY 1984-85 | \$ _____               | _____                   |

- 3.3 The county's plan for supplementing funding to programs affected by the declining grants listed above.
- 3.4 The form "Grant Activity Report" which delineates for each provider all grants; active and pending (Section 5715.5, W & I Code)(Appendix A).



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ADMINISTRATION AND FINANCE  
FISCAL YEAR 82-83 PROJECTED

3.1 Gross Administrative Costs

|                                              |                |
|----------------------------------------------|----------------|
| Costs reflected under Administrative Support | \$3,846,451    |
| Costs applicable to Contract Administration  | <u>655,463</u> |

|                                    |             |
|------------------------------------|-------------|
| Total Administrative Support Costs | \$4,501,914 |
|------------------------------------|-------------|

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| Percent of Total Gross Budget<br>(Includes State Hospital & OMHSS) | 11.12% |
|--------------------------------------------------------------------|--------|

3.2 Federal Community Mental Health Centers  
to Declining Grants

3.3 Not Applicable



STATE OF NEW YORK  
IN SENATE

January 10, 1907.

REPORT  
OF THE  
COMMISSIONER OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
JANUARY 10, 1907.  
ALBANY:  
J. B. LIPPINCOTT & CO., PRINTERS.  
1907.



## GRANT ACTIVITY REPORT

MH 1752 (2/82)

(Formerly MH 1902)

PROVIDER NAME:

Mental Health Administration

PROVIDER NO:

0100

FISCAL YEAR

19 82-83

DATE COMPLETED:

11/01/82

INSTRUCTIONS: THIS FORM MUST BE COMPLETED FOR EACH COUNTY PROVIDER AS WELL AS CONTRACT SHORT-DOYLE PROVIDER. THE INFORMATION SHOULD BE COMPLETE AND REFLECT ALL GRANTS FOR MENTAL HEALTH ACTIVITY BEING RECEIVED BY THE PROVIDER, AS WELL AS APPLICATIONS PENDING. A FORM FOR EACH PROVIDER MUST BE SUBMITTED WITH THE COUNTY PLAN.

A. List ALL grants designed to benefit Short-Doyle services. Include accurately allocated portions of general grants such as Community Mental Health Centers Staffing Grants.

| 1. Grant Amounts received this Fiscal Year | 2. Brief Titles            | 3. Granting Agencies | 4. Termination Date | 5. % Local Match | 6. Amt. of grt. designated to benefit S-D services |
|--------------------------------------------|----------------------------|----------------------|---------------------|------------------|----------------------------------------------------|
| 40,000                                     | Manpower Development Grant | State Department of  | 06/30/83            |                  | 40,000                                             |
|                                            | Award                      | Mental Health        |                     |                  |                                                    |
|                                            |                            |                      |                     |                  |                                                    |
|                                            |                            |                      |                     |                  |                                                    |
|                                            |                            |                      |                     |                  |                                                    |
|                                            |                            |                      |                     |                  |                                                    |
| = TOTAL                                    |                            |                      |                     |                  | TOTAL = 40,000                                     |

B. List ALL other grant awards being received by this provider for Mental Health Programs.

| 1. Grant Amounts received this Fiscal Year | 2. Brief Titles | 3. Granting Agencies | 4. Beginning Date | 5. Termination Date | 6. % Local Match Required |
|--------------------------------------------|-----------------|----------------------|-------------------|---------------------|---------------------------|
|                                            |                 |                      |                   |                     |                           |
|                                            |                 |                      |                   |                     |                           |
|                                            |                 |                      |                   |                     |                           |
|                                            |                 |                      |                   |                     |                           |
|                                            |                 |                      |                   |                     |                           |
|                                            |                 |                      |                   |                     |                           |
|                                            |                 |                      |                   |                     |                           |
| = TOTAL                                    |                 |                      |                   |                     |                           |

C. List ALL grant applications pending for Mental Health Programs.

| 1. 12 Month Amt. | 2. Brief Titles | 3. Granting Agencies | 4. Beginning Date | 5. Termination Date | 6. % Local Match Required |
|------------------|-----------------|----------------------|-------------------|---------------------|---------------------------|
|                  |                 |                      |                   |                     |                           |
|                  |                 |                      |                   |                     |                           |
|                  |                 |                      |                   |                     |                           |
|                  |                 |                      |                   |                     |                           |
|                  |                 |                      |                   |                     |                           |

TO BE COMPLETED BY COUNTY MENTAL HEALTH SERVICES:

Have each of the above applications been reviewed to determine if they meet a need in the community, do not duplicate existing services, and contain a reasonable plan for continued funding as the grant declines?

☒ YES ☐ NO

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_



D. Grant applications that are in compliance with Public Law 94-63.

Indicate total dollar amount for these grants. This grant information should NOT be reported on the Program Budget Forms (MAS 1552 A, B, and C).

Include these amounts as part of "Revenue" shown on the "Form E Fiscal Plan".

| 1. Mode of Service         | 2. Service Function | 3. Service Function Code Number | 4. Grant Amount |
|----------------------------|---------------------|---------------------------------|-----------------|
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
| Total Grants in compliance |                     |                                 | \$              |

E. Grant applications that ARE NOT in compliance with Public Law.

Indicate total dollar amount for these grants. This grant dollar information should correspond to the grant revenues shown on the Program Budget Forms (MAS 1552 A, B, and C). Also include these amounts as part of "Revenue" shown on the "Form E Fiscal Plan".

| 1. Mode of Service             | 2. Service Function | 3. Service Function Code Number | 4. Grant Amount |
|--------------------------------|---------------------|---------------------------------|-----------------|
| Administration Program         |                     | N/A                             | \$ 40,000       |
| Planning & Development         |                     |                                 | \$              |
|                                |                     |                                 | \$              |
|                                |                     |                                 | \$              |
|                                |                     |                                 | \$              |
| Total Grants not in compliance |                     |                                 | \$ 40,000       |

TOTAL — ALL GRANTS (Must equal Section A, Column 6)

\$ 40,000



MH 1752 (2/82)  
(Formerly MH 1902)

INSTRUCTIONS: THIS FORM MUST BE COMPLETED FOR EACH COUNTY PROVIDER AS WELL AS CONTRACT SHORT-DOYLE PROVIDER. THE INFORMATION SHOULD BE COMPLETE AND REFLECT ALL GRANTS FOR MENTAL HEALTH ACTIVITY BEING RECEIVED BY THE PROVIDER, AS WELL AS APPLICATIONS PENDING. A FORM FOR EACH PROVIDER MUST BE SUBMITTED WITH THE COUNTY PLAN.

| 1. Grant Amounts received this Fiscal Year | 2. Brief Titles                                                      | 3. Granting Agencies    | 4. Termination Date | 5. % Local Match | 6. Amt. of grt. designated to benefit S-D services |
|--------------------------------------------|----------------------------------------------------------------------|-------------------------|---------------------|------------------|----------------------------------------------------|
| \$ 15,000                                  | OCJP - Psychotherapeutic                                             | Office of Criminal      | 09/30/82            |                  | 15,000                                             |
|                                            | Program for High Risk Children                                       | Justice Planning (OCJP) |                     |                  |                                                    |
|                                            | & Adolescents                                                        |                         |                     |                  |                                                    |
|                                            |                                                                      |                         |                     |                  |                                                    |
| Note:                                      | Above represents funding for 3 month period. Approval is pending for |                         |                     |                  |                                                    |
|                                            | funding of additional 42,000 for remaining 9 months.                 |                         |                     |                  |                                                    |
|                                            | = TOTAL                                                              |                         |                     |                  | TOTAL = 15,000                                     |

|  Grant Amounts Received this Fiscal Year | Brief Titles | Granting Agencies | Beginning Date | Termination Date | % Local Match Required |
|----------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|----------------|------------------|------------------------|
|                                                                                                                            |              |                   |                |                  |                        |
|                                                                                                                            |              |                   |                |                  |                        |
|                                                                                                                            |              |                   |                |                  |                        |
|                                                                                                                            |              |                   |                |                  |                        |
|                                                                                                                            |              |                   |                |                  |                        |
|                                                                                                                            | = TOTAL      |                   |                |                  |                        |

| 1. 12 Month Am* | 2. Brief Titles | 3. Granting Agencies | 4. Beginning Date | 5. Termination Date | 6. % Local Match Required |
|-----------------|-----------------|----------------------|-------------------|---------------------|---------------------------|
|                 |                 |                      |                   |                     |                           |
|                 |                 |                      |                   |                     |                           |
|                 |                 |                      |                   |                     |                           |
|                 |                 |                      |                   |                     |                           |

TIT: E: \_\_\_\_\_



D. Grant applications that are in compliance with Public Law 94-63.

Indicate total dollar amount for these grants. This grant information should NOT be reported on the Program Budget Forms (MAS 1552 A, B, and C). Include these amounts as part of "Revenue" shown on the "Form E Fiscal Plan".

| 1. Mode of Service         | 2. Service Function | 3. Service Function Code Number | 4. Grant Amount |
|----------------------------|---------------------|---------------------------------|-----------------|
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
| Total Grants in compliance |                     |                                 | \$              |

E. Grant applications that ARE NOT in compliance with Public Law.

Indicate total dollar amount for these grants. This grant dollar information should correspond to the grant revenues shown on the Program Budget Forms (MAS 1552 A, B, and C). Also include these amounts as part of "Revenue" shown on the "Form E Fiscal Plan".

| 1. Mode of Service             | 2. Service Function            | 3. Service Function Code Number | 4. Grant Amount |
|--------------------------------|--------------------------------|---------------------------------|-----------------|
| Outpatient Care                | Collateral, Family Therapy,    | 12-62                           | \$ 15,000       |
|                                | Assessment, Individual, Group, |                                 | \$              |
|                                | Medication, Crisis Interven-   |                                 | \$              |
|                                | tion                           |                                 | \$              |
|                                |                                |                                 | \$              |
| Total Grants not in compliance |                                |                                 | \$ 15,000       |

TOTAL - ALL GRANTS (Must equal Section A, Column 6)

\$ 15,000



MH 1752 (2/82)  
(Formerly MH 1902)

|                                                      |                      |                                |                             |
|------------------------------------------------------|----------------------|--------------------------------|-----------------------------|
| PROVIDER NAME:<br>Southern Region Vocational Program | PROVIDER NO:<br>0133 | FISCAL YEAR<br>19 <u>82-83</u> | DATE COMPLETED:<br>11/01/82 |
|------------------------------------------------------|----------------------|--------------------------------|-----------------------------|

INSTRUCTIONS: THIS FORM MUST BE COMPLETED FOR EACH COUNTY PROVIDER AS WELL AS CONTRACT SHORT-DOYLE PROVIDER. THE INFORMATION SHOULD BE COMPLETE AND REFLECT ALL GRANTS FOR MENTAL HEALTH ACTIVITY BEING RECEIVED BY THE PROVIDER, AS WELL AS APPLICATIONS PENDING. A FORM FOR EACH PROVIDER MUST BE SUBMITTED WITH THE COUNTY PLAN.

A. List ALL grants designed to benefit Short-Doyle services. Include accurately allocated portions of general grants such as Community Mental Health Centers Staffing Grants.

| 1. Grant Amounts<br>received this<br>Fiscal Year | 2. Brief Titles               | 3. Granting Agencies    | 4. Termination<br>Date | 5. % Local<br>Match | 6. Amt. of grt.<br>designated<br>to benefit<br>S-D services |
|--------------------------------------------------|-------------------------------|-------------------------|------------------------|---------------------|-------------------------------------------------------------|
| \$103,390                                        | Vocational Rehabilitation for | Alameda County Training | 09/30/82               |                     | 103,390                                                     |
|                                                  | the Mentally Handicapped      | & Employment Board      |                        |                     |                                                             |
|                                                  |                               | (ACTEB)                 |                        |                     |                                                             |
|                                                  |                               |                         |                        |                     |                                                             |
|                                                  |                               |                         |                        |                     |                                                             |
|                                                  |                               |                         |                        |                     |                                                             |
|                                                  | = TOTAL                       |                         |                        |                     | TOTAL = 103,390                                             |

| <b>Amount Received this Fiscal Year</b> | <b>Brief Titles</b> | <b>Granting Agencies</b> | <b>Beginning Date</b> | <b>Termination Date</b> | <b>% Local Match Required</b> |
|-----------------------------------------|---------------------|--------------------------|-----------------------|-------------------------|-------------------------------|
|                                         |                     |                          |                       |                         |                               |
|                                         |                     |                          |                       |                         |                               |
|                                         |                     |                          |                       |                         |                               |
|                                         |                     |                          |                       |                         |                               |
|                                         |                     |                          |                       |                         |                               |
| <b>= TOTAL</b>                          |                     |                          |                       |                         |                               |

| 1. 12 Month Amt. | 2. Brief Titles | 3. Granting Agencies | 4. Beginning Date | 5. Termination Date | 6. % Local Match Required |
|------------------|-----------------|----------------------|-------------------|---------------------|---------------------------|
|                  |                 |                      |                   |                     |                           |
|                  |                 |                      |                   |                     |                           |
|                  |                 |                      |                   |                     |                           |
|                  |                 |                      |                   |                     |                           |

Have each of the above applications been reviewed to determine if they meet a need in the community, do not duplicate existing services, and contain a sustainable plan for continued funding as the grant declines?

☒ YES ☐ NO

SIGNATURE \_\_\_\_\_

TIT: E:



D. Grant applications that are in compliance with Public Law 94-63.

Indicate total dollar amount for these grants. This grant information should NOT be reported on the Program Budget Forms (MAS 1552 A, B, and C). Include these amounts as part of "Revenue" shown on the "Form E Fiscal Plan".

| 1. Mode of Service         | 2. Service Function | 3. Service Function Code Number | 4. Grant Amount |
|----------------------------|---------------------|---------------------------------|-----------------|
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
|                            |                     |                                 | \$              |
| Total Grants in compliance |                     |                                 | \$              |

E. Grant applications that ARE NOT in compliance with Public Law.

Indicate total dollar amount for these grants. This grant dollar information should correspond to the grant revenues shown on the Program Budget Forms (MAS 1552 A, B, and C). Also include these amounts as part of "Revenue" shown on the "Form E Fiscal Plan".

| 1. Mode of Service             | 2. Service Function         | 3. Service Function Code Number | 4. Grant Amount |
|--------------------------------|-----------------------------|---------------------------------|-----------------|
| Outpatient Care                | Family Therapy, Assessment, | 20-50                           | \$ 103,390      |
|                                | Individual & Group          |                                 | \$              |
|                                |                             |                                 | \$              |
|                                |                             |                                 | \$              |
|                                |                             |                                 | \$              |
| Total Grants not in compliance |                             |                                 | \$ 103,390      |

TOTAL — ALL GRANTS (Must equal Section A, Column 6)

\$ 103,390



APPENDIX A CRDC BUDGET  
APPENDIX B APPLICATIONS FOR WAIVER OF SCHEDULE OF  
MAXIMUM ALLOWANCE (Fred Finch Youth Center and  
Lincoln Child Center)







**CRDC BUDGET**  
 CRDC BUDGET  
 CRDC BUDGET  
 CRDC BUDGET  
 CRDC BUDGET

**APPENDIX A CRDC BUDGET**

|                     |  |  |
|---------------------|--|--|
| <b>1. Personnel</b> |  |  |
| 1.1. Salaries       |  |  |
| 1.2. Benefits       |  |  |
| 1.3. Travel         |  |  |
| 1.4. Other          |  |  |
| <b>2. Materials</b> |  |  |
| 2.1. Supplies       |  |  |
| 2.2. Equipment      |  |  |
| 2.3. Other          |  |  |
| <b>3. Travel</b>    |  |  |
| 3.1. Airfare        |  |  |
| 3.2. Lodging        |  |  |
| 3.3. Meals          |  |  |
| 3.4. Other          |  |  |
| <b>4. Other</b>     |  |  |
| 4.1. Insurance      |  |  |
| 4.2. Other          |  |  |
| <b>5. Total</b>     |  |  |







FOOTNOTES

Fiscal Year 1982-83 CR/DC Budget  
September Submission

November 30, 1982  
Local Program

1. Grants

|              |               |
|--------------|---------------|
| a) OCJP      | \$ 15,000     |
| b) ACTEB     | 103,390       |
| c) Manpower  | <u>40,000</u> |
| Total Grants | \$ 158,390    |

2. Short-Doyle/Medi-Cal

|                           |                  |
|---------------------------|------------------|
| 51% State Share           | \$2,312,385      |
| 49% Federal Participation | <u>2,221,703</u> |
| Total Medi-Cal Budgeted   | \$4,534,088      |

3. Other Revenues

|                                      |                  |
|--------------------------------------|------------------|
| a) Revenue Sharing Funds             | \$ 625,305       |
| b) Title XX                          | 36,497           |
| c) Sheltered Workshop                | 122,737          |
| d) Social Services (PST)             | 55,752           |
| e) Misc. Contract Revenues           | 3,197,087        |
| f) Other Excess County Participation | <u>1,450,552</u> |
| Total Other Revenues                 | \$5,487,930      |

4. Net Costs

|                                       |                     |                  |
|---------------------------------------|---------------------|------------------|
| Total Net Costs                       | <u>\$19,521,629</u> |                  |
| Net Costs 24 Hr. Acute                | 2,498,964           |                  |
| State Share @ 85%                     | 2,124,119           |                  |
| Mandated Co. Match @ 15%              | 374,845             |                  |
| Net Costs of Other Services           | 17,022,665          |                  |
| State Share @ 90%                     | 15,320,399          |                  |
| Mandated Co. Match @ 10%              | 1,702,266           |                  |
| Total State Share of Costs            |                     | 17,444,518       |
| Total Mandated Co. Match of Net Costs |                     | <u>2,077,111</u> |
| Total Net Dollars                     |                     | \$19,521,629     |

5. State General Funds Per This Budget

|                                        |                  |
|----------------------------------------|------------------|
| a) Mental Health Programs General Fund | \$16,346,099     |
| b) Community Residential Treatment     | <u>1,098,419</u> |
| Total Net State General Funds          | \$17,444,518     |
| c) State Share of Short-Doyle/Medi-Cal | 2,312,385        |
| d) AB 1229 - M.D.O.                    | <u>169,366</u>   |
| Total State General Funds              | \$19,926,269     |



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SUPPLEMENTAL BUDGET DATA BY  
STATE GENERAL FUND SOURCES  
MH 1901 (7/82)

83 FISCAL YEAR

SUBMISSION DATE: November 30, 1982

01 COUNTY OF Alameda

01 SUBMISSION TYPE: 01 SEPTEMBER SUBMISSION  
02 BUDGET REVISION

| BUDGET ITEM/PROVIDER NAME              | PROVIDER<br>NUMBER | MODE OF<br>SERVICE<br>CODE | SERVICE<br>FUNCTION<br>CODE | STATE<br>GENERAL FUND<br>AMOUNT |
|----------------------------------------|--------------------|----------------------------|-----------------------------|---------------------------------|
| BUDGET ITEM 011-101 (a)                |                    |                            |                             |                                 |
| MENTALLY DISORDERED OFFENDER (AB 1229) |                    |                            |                             |                                 |
| CJS: AB 1229                           | 0101               | 15                         | 71                          | \$ 61,934                       |
| Criminal Justice Inpatient             | 0101               | 05                         | 11                          | 57,278                          |
| Highland Psychiatric Emergency         | 0101               | 15                         | 70                          | 8,261                           |
| East Oakland Adult Outpatient          | 0108               | 15                         | 40                          | 23,704                          |
| Eden Adult Outpatient                  | 0112               | 15                         | 40                          | 5,361                           |
| Central Adult Outpatient               | 0120               | 15                         | 40                          | 6,961                           |
| Tri-City Adult Outpatient              | 0122               | 15                         | 40                          | 4,359                           |
| Alameda Adult Outpatient               | 0152               | 15                         | 40                          | 1,508                           |
|                                        |                    |                            | TOTAL                       | \$ 169,366                      |

|                                                                                        |      |     |     |            |
|----------------------------------------------------------------------------------------|------|-----|-----|------------|
| BUDGET ITEM 101-001 (a)                                                                |      |     |     |            |
| COMMUNITY RESIDENTIAL TREATMENT<br>SYSTEM PURSUANT TO CH. 1233,<br>STATUTES 1978 BATES |      |     |     |            |
| B.A.C.S.: Creative Living Center                                                       | 0102 | 45  | 70  | \$ 167,940 |
| Aliso House                                                                            | 0102 | 05  | 42  | 127,435    |
| Manzanita House                                                                        | 0102 | 05  | 43  | 106,652    |
| La Familia Children's Day Treatment                                                    | 0105 | 10  | 20  | 145,647    |
| Berkeley Support: Residential                                                          | 0118 | 05  | 40  | 24,696     |
| Continuing Care                                                                        | 0118 | 50  | 10  | 15,473     |
| Continuing Care                                                                        | 0118 | 50  | 20  | 22,831     |
| Randon House                                                                           | 0125 | 05  | 40  | 224,875    |
| Lincoln Child Center                                                                   | 0183 | 10  | 20  | 5,394      |
| City of Berkeley: Creative Living Ctr.                                                 | 0197 | 45  | 70  | 26,717     |
| Bonita House                                                                           | 0197 | 05  | 40  | 111,769    |
| Berkeley Place                                                                         | 0197 | 05  | 41  | 89,596     |
| Administration                                                                         | 0100 | --  | --  | 1,394      |
| Undesignated - Residential                                                             | N/A  | N/A | N/A | 28,000     |

| FUNDING SOURCE SUMMARY                    |                                                                                                       | PROGRAM<br>COSTS | MEDI-CAL/<br>FEDERAL<br>STATE SHARE | MEDI-CAL/<br>NON-FED.<br>NET COSTS | TOTAL \$1,098,419 |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|------------------------------------|-------------------|
| ITEM                                      | DESCRIPTION                                                                                           |                  |                                     |                                    | TOTAL             |
| 011-101 (a)                               | MENTALLY DISORDERED OFFENDER<br>(AB 1229)                                                             | \$ 169,366       |                                     |                                    | \$ 169,366        |
| 101-001 (a)                               | COMMUNITY RESIDENTIAL TREATMENT<br>SYSTEM                                                             | 1,098,419        |                                     |                                    | 1,098,419         |
| 101-001 (b)                               | OTHER SERVICES - TREATMENT AND<br>NON-DISTRIBUTED ADMINISTRATION                                      | 13,750,157       | 2,312,385                           |                                    | 16,062,542        |
| 101-001 (c)                               | COMMUNITY OUTREACH SERVICES PRO-<br>GRAM (10.20 PROMOTION)-PROMOTION<br>AND COMMUNITY CLIENT SERVICES | 1,668,604        |                                     |                                    | 1,668,604         |
| 101-001 (d)                               | OTHER COMMUNITY PROGRAMS -<br>CONTINUING CARE                                                         | 927,338          |                                     |                                    | 927,338           |
|                                           |                                                                                                       |                  |                                     |                                    |                   |
|                                           |                                                                                                       |                  |                                     |                                    |                   |
| TOTAL ALL ITEMS (STATE GENERAL FUND ONLY) |                                                                                                       | 17,613,884       | 2,312,385                           |                                    | 19,926,269        |



1. The first part of the document is a list of names and addresses, which are arranged in a columnar fashion. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list appears to be a directory or a roster of some kind.

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| NAME            | ADDRESS          | DATE      | REMARKS                      |
|-----------------|------------------|-----------|------------------------------|
| John Doe        | 123 Main St      | 1/1/1900  | First entry                  |
| Jane Smith      | 456 Elm St       | 1/2/1900  | Second entry                 |
| Robert Brown    | 789 Oak St       | 1/3/1900  | Third entry                  |
| Mary White      | 101 Pine St      | 1/4/1900  | Fourth entry                 |
| James Black     | 202 Cedar St     | 1/5/1900  | Fifth entry                  |
| Elizabeth Green | 303 Birch St     | 1/6/1900  | Sixth entry                  |
| William Hall    | 404 Spruce St    | 1/7/1900  | Seventh entry                |
| Anna King       | 505 Willow St    | 1/8/1900  | Eighth entry                 |
| Charles Lee     | 606 Ash St       | 1/9/1900  | Ninth entry                  |
| Grace Miller    | 707 Hickory St   | 1/10/1900 | Tenth entry                  |
| Frank Wilson    | 808 Sycamore St  | 1/11/1900 | Eleventh entry               |
| Harriet Moore   | 909 Magnolia St  | 1/12/1900 | Twelfth entry                |
| George Taylor   | 1010 Poplar St   | 1/13/1900 | Thirteenth entry             |
| Lucy Anderson   | 1111 Chestnut St | 1/14/1900 | Fourteenth entry             |
| Henry Jackson   | 1212 Walnut St   | 1/15/1900 | Fifteenth entry              |
| Margaret Clark  | 1313 Elm St      | 1/16/1900 | Sixteenth entry              |
| Albert Evans    | 1414 Oak St      | 1/17/1900 | Seventeenth entry            |
| Beatrice Adams  | 1515 Pine St     | 1/18/1900 | Eighteenth entry             |
| John Davis      | 1616 Cedar St    | 1/19/1900 | Nineteenth entry             |
| Anna Baker      | 1717 Birch St    | 1/20/1900 | Twentieth entry              |
| William Miller  | 1818 Spruce St   | 1/21/1900 | Twenty-first entry           |
| Elizabeth Hall  | 1919 Willow St   | 1/22/1900 | Twenty-second entry          |
| Charles King    | 2020 Ash St      | 1/23/1900 | Twenty-third entry           |
| Grace Lee       | 2121 Hickory St  | 1/24/1900 | Twenty-fourth entry          |
| Frank White     | 2222 Sycamore St | 1/25/1900 | Twenty-fifth entry           |
| Harriet Brown   | 2323 Magnolia St | 1/26/1900 | Twenty-sixth entry           |
| George Black    | 2424 Poplar St   | 1/27/1900 | Twenty-seventh entry         |
| Lucy Green      | 2525 Chestnut St | 1/28/1900 | Twenty-eighth entry          |
| Henry White     | 2626 Walnut St   | 1/29/1900 | Twenty-ninth entry           |
| Margaret Black  | 2727 Elm St      | 1/30/1900 | Thirtieth entry              |
| Albert Green    | 2828 Oak St      | 1/31/1900 | Thirty-first entry           |
| Beatrice White  | 2929 Pine St     | 2/1/1900  | Thirty-second entry          |
| John Black      | 3030 Cedar St    | 2/2/1900  | Thirty-third entry           |
| Anna White      | 3131 Birch St    | 2/3/1900  | Thirty-fourth entry          |
| William Black   | 3232 Spruce St   | 2/4/1900  | Thirty-fifth entry           |
| Elizabeth White | 3333 Willow St   | 2/5/1900  | Thirty-sixth entry           |
| Charles Black   | 3434 Ash St      | 2/6/1900  | Thirty-seventh entry         |
| Grace White     | 3535 Hickory St  | 2/7/1900  | Thirty-eighth entry          |
| Frank Black     | 3636 Sycamore St | 2/8/1900  | Thirty-ninth entry           |
| Harriet White   | 3737 Magnolia St | 2/9/1900  | Fortieth entry               |
| George Black    | 3838 Poplar St   | 2/10/1900 | Forty-first entry            |
| Lucy White      | 3939 Chestnut St | 2/11/1900 | Forty-second entry           |
| Henry Black     | 4040 Walnut St   | 2/12/1900 | Forty-third entry            |
| Margaret White  | 4141 Elm St      | 2/13/1900 | Forty-fourth entry           |
| Albert Black    | 4242 Oak St      | 2/14/1900 | Forty-fifth entry            |
| Beatrice White  | 4343 Pine St     | 2/15/1900 | Forty-sixth entry            |
| John Black      | 4444 Cedar St    | 2/16/1900 | Forty-seventh entry          |
| Anna White      | 4545 Birch St    | 2/17/1900 | Forty-eighth entry           |
| William Black   | 4646 Spruce St   | 2/18/1900 | Forty-ninth entry            |
| Elizabeth White | 4747 Willow St   | 2/19/1900 | Fiftieth entry               |
| Charles Black   | 4848 Ash St      | 2/20/1900 | Fifty-first entry            |
| Grace White     | 4949 Hickory St  | 2/21/1900 | Fifty-second entry           |
| Frank Black     | 5050 Sycamore St | 2/22/1900 | Fifty-third entry            |
| Harriet White   | 5151 Magnolia St | 2/23/1900 | Fifty-fourth entry           |
| George Black    | 5252 Poplar St   | 2/24/1900 | Fifty-fifth entry            |
| Lucy White      | 5353 Chestnut St | 2/25/1900 | Fifty-sixth entry            |
| Henry Black     | 5454 Walnut St   | 2/26/1900 | Fifty-seventh entry          |
| Margaret White  | 5555 Elm St      | 2/27/1900 | Fifty-eighth entry           |
| Albert Black    | 5656 Oak St      | 2/28/1900 | Fifty-ninth entry            |
| Beatrice White  | 5757 Pine St     | 2/29/1900 | Sixtieth entry               |
| John Black      | 5858 Cedar St    | 2/30/1900 | Sixty-first entry            |
| Anna White      | 5959 Birch St    | 3/1/1900  | Sixty-second entry           |
| William Black   | 6060 Spruce St   | 3/2/1900  | Sixty-third entry            |
| Elizabeth White | 6161 Willow St   | 3/3/1900  | Sixty-fourth entry           |
| Charles Black   | 6262 Ash St      | 3/4/1900  | Sixty-fifth entry            |
| Grace White     | 6363 Hickory St  | 3/5/1900  | Sixty-sixth entry            |
| Frank Black     | 6464 Sycamore St | 3/6/1900  | Sixty-seventh entry          |
| Harriet White   | 6565 Magnolia St | 3/7/1900  | Sixty-eighth entry           |
| George Black    | 6666 Poplar St   | 3/8/1900  | Sixty-ninth entry            |
| Lucy White      | 6767 Chestnut St | 3/9/1900  | Seventieth entry             |
| Henry Black     | 6868 Walnut St   | 3/10/1900 | Seventy-first entry          |
| Margaret White  | 6969 Elm St      | 3/11/1900 | Seventy-second entry         |
| Albert Black    | 7070 Oak St      | 3/12/1900 | Seventy-third entry          |
| Beatrice White  | 7171 Pine St     | 3/13/1900 | Seventy-fourth entry         |
| John Black      | 7272 Cedar St    | 3/14/1900 | Seventy-fifth entry          |
| Anna White      | 7373 Birch St    | 3/15/1900 | Seventy-sixth entry          |
| William Black   | 7474 Spruce St   | 3/16/1900 | Seventy-seventh entry        |
| Elizabeth White | 7575 Willow St   | 3/17/1900 | Seventy-eighth entry         |
| Charles Black   | 7676 Ash St      | 3/18/1900 | Seventy-ninth entry          |
| Grace White     | 7777 Hickory St  | 3/19/1900 | Eightieth entry              |
| Frank Black     | 7878 Sycamore St | 3/20/1900 | Eighty-first entry           |
| Harriet White   | 7979 Magnolia St | 3/21/1900 | Eighty-second entry          |
| George Black    | 8080 Poplar St   | 3/22/1900 | Eighty-third entry           |
| Lucy White      | 8181 Chestnut St | 3/23/1900 | Eighty-fourth entry          |
| Henry Black     | 8282 Walnut St   | 3/24/1900 | Eighty-fifth entry           |
| Margaret White  | 8383 Elm St      | 3/25/1900 | Eighty-sixth entry           |
| Albert Black    | 8484 Oak St      | 3/26/1900 | Eighty-seventh entry         |
| Beatrice White  | 8585 Pine St     | 3/27/1900 | Eighty-eighth entry          |
| John Black      | 8686 Cedar St    | 3/28/1900 | Eighty-ninth entry           |
| Anna White      | 8787 Birch St    | 3/29/1900 | Ninetieth entry              |
| William Black   | 8888 Spruce St   | 3/30/1900 | Ninety-first entry           |
| Elizabeth White | 8989 Willow St   | 3/31/1900 | Ninety-second entry          |
| Charles Black   | 9090 Ash St      | 4/1/1900  | Ninety-third entry           |
| Grace White     | 9191 Hickory St  | 4/2/1900  | Ninety-fourth entry          |
| Frank Black     | 9292 Sycamore St | 4/3/1900  | Ninety-fifth entry           |
| Harriet White   | 9393 Magnolia St | 4/4/1900  | Ninety-sixth entry           |
| George Black    | 9494 Poplar St   | 4/5/1900  | Ninety-seventh entry         |
| Lucy White      | 9595 Chestnut St | 4/6/1900  | Ninety-eighth entry          |
| Henry Black     | 9696 Walnut St   | 4/7/1900  | Ninety-ninth entry           |
| Margaret White  | 9797 Elm St      | 4/8/1900  | One hundredth entry          |
| Albert Black    | 9898 Oak St      | 4/9/1900  | One hundred and first entry  |
| Beatrice White  | 9999 Pine St     | 4/10/1900 | One hundred and second entry |
| John Black      | 10000 Cedar St   | 4/11/1900 | One hundred and third entry  |

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| Anna White      | 5959 Birch St    | 3/1/1900  | Sixty-second entry           |
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| Albert Black    | 7070 Oak St      | 3/12/1900 | Seventy-third entry          |
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| Anna White      | 7373 Birch St    | 3/15/1900 | Seventy-sixth entry          |
| William Black   | 7474 Spruce St   | 3/16/1900 | Seventy-seventh entry        |
| Elizabeth White | 7575 Willow St   | 3/17/1900 | Seventy-eighth entry         |
| Charles Black   | 7676 Ash St      | 3/18/1900 | Seventy-ninth entry          |
| Grace White     | 7777 Hickory St  | 3/19/1900 | Eightieth entry              |
| Frank Black     | 7878 Sycamore St | 3/20/1900 | Eighty-first entry           |
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| George Black    | 8080 Poplar St   | 3/22/1900 | Eighty-third entry           |
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| Anna White      | 8787 Birch St    | 3/29/1900 | Ninetieth entry              |
| William Black   | 8888 Spruce St   | 3/30/1900 | Ninety-first entry           |
| Elizabeth White | 8989 Willow St   | 3/31/1900 | Ninety-second entry          |
| Charles Black   | 9090 Ash St      | 4/1/1900  | Ninety-third entry           |
| Grace White     | 9191 Hickory St  | 4/2/1900  | Ninety-fourth entry          |
| Frank Black     | 9292 Sycamore St | 4/3/1900  | Ninety-fifth entry           |
| Harriet White   | 9393 Magnolia St | 4/4/1900  | Ninety-sixth entry           |
| George Black    | 9494 Poplar St   | 4/5/1900  | Ninety-seventh entry         |
| Lucy White      | 9595 Chestnut St | 4/6/1900  | Ninety-eighth entry          |
| Henry Black     | 9696 Walnut St   | 4/7/1900  | Ninety-ninth entry           |
| Margaret White  | 9797 Elm St      | 4/8/1900  | One hundredth entry          |
| Albert Black    | 9898 Oak St      | 4/9/1900  | One hundred and first entry  |
| Beatrice White  | 9999 Pine St     | 4/10/1900 | One hundred and second entry |
| John Black      | 10000 Cedar St   | 4/11/1900 | One hundred and third entry  |



PROGRAM BUDGET  
MH 1902 (7/82)83 FISCAL YEAR01 PROGRAM TYPE  
01 REGULAR01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION01 COUNTY OF Alameda1 ADMINISTRATION PROGRAMSUBMISSION DATE: November 30, 1982

|       |                                                  | 20                                                      | 25                                                       | 40                          | 40        | 41                    | 42                    | 99            |           |    |
|-------|--------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|-----------------------------|-----------|-----------------------|-----------------------|---------------|-----------|----|
| ITEMS | SERVICE PROVIDER NAME<br>PROVIDER NUMBER         | ADMINISTRATIVE SUPPORT<br>Mental Administration<br>0100 | RESEARCH AND EVALUATION<br>Health Administration<br>0100 | OTHER ADMINISTRATIVE COSTS  |           |                       |                       | TOTAL<br>9999 |           |    |
|       |                                                  |                                                         |                                                          | FORMAL TRAINING             |           | CONTRACT ADMIN.       | UTILIZATION REVIEW    |               |           |    |
|       |                                                  |                                                         |                                                          | Office of Quality Assurance |           | Mental Administration | Health Administration |               |           |    |
|       |                                                  |                                                         |                                                          | 0100                        |           | 0100                  | 0100                  |               |           |    |
| 1     | SALARIES & EMP. BENEFIT                          | 2,170,940                                               | 99,876                                                   |                             | 161,792   |                       | 429,586               | 85,560        | 2,947,754 | 1  |
| 5     | OPERATING EXPENSES                               | 1,132,308                                               | 3,441                                                    |                             | 27,891    |                       | 207,956               |               | 1,371,596 | 5  |
| 10    | EQUIPMENT                                        | 4,900                                                   |                                                          |                             |           |                       |                       |               | 4,900     | 10 |
| 15    | REMODELING                                       |                                                         |                                                          |                             |           |                       |                       |               |           | 15 |
| 18    | COUNTY OVERHEAD                                  | 538,303                                                 |                                                          |                             |           |                       | 17,921                |               | 556,224   | 18 |
| 28    | NEG/FEE FOR SERV. CONTRACTS                      |                                                         |                                                          |                             |           |                       |                       |               |           | 28 |
| 40    | CONTRACTS                                        |                                                         |                                                          |                             |           |                       |                       |               |           | 40 |
| 45    | GROSS COST                                       | 3,846,451                                               | 103,317                                                  |                             | 189,683   |                       | 655,463               | 85,560        | 4,880,474 | 45 |
| 50    | SAVINGS                                          | 138,202                                                 | 3,427                                                    | X                           | 7,515     | X                     | 17,921                | 7,363         | 174,428   | 50 |
| 51    | SUBTOTAL GROSS COST                              | 3,708,249                                               | 99,890                                                   |                             | 182,168   |                       | 637,542               | 78,197        | 4,706,046 | 51 |
| 52    | REVENUE                                          |                                                         |                                                          |                             |           |                       |                       |               | 40,000    | 52 |
| 53    | a. GRANTS                                        |                                                         | 40,000                                                   |                             |           |                       |                       |               | 55,752    | 53 |
| 54    | b. OTHER                                         | 55,752                                                  |                                                          |                             |           |                       |                       |               | 95,752    | 54 |
| 57    | TOTAL REVENUES                                   | 55,752                                                  | 40,000                                                   | X                           |           | X                     |                       |               | 3,712,387 | 57 |
| 58    | COST TO BE DISTRIBUTED                           | 3,652,497                                               | 59,890                                                   |                             |           |                       |                       |               | 3,712,387 | 58 |
| 59    | COST DISTRIBUTED                                 | 3,652,497                                               | 59,890                                                   | X                           |           | X                     |                       |               | 3,712,387 | 59 |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  |                                                         |                                                          |                             | 34,107    |                       |                       | -0-           | 34,107    | 62 |
| 65    | ADJUSTED GROSS COST                              | -0-                                                     | -0-                                                      |                             | 216,275   |                       | 637,542               | 78,197        | 932,014   | 65 |
| 68    | REVENUES                                         |                                                         |                                                          |                             |           |                       |                       |               |           | 68 |
| 69    | a. GRANTS                                        |                                                         |                                                          |                             |           |                       |                       |               |           | 69 |
| 75    | a. OTHER                                         |                                                         |                                                          |                             | 79,100    |                       | 100,000               |               | 179,100   | 75 |
| 76    | b. M.D.O.                                        |                                                         |                                                          |                             |           |                       |                       |               |           | 76 |
| 77    | TOTAL REVENUES                                   |                                                         |                                                          | X                           | 79,100    | X                     | 100,000               | -0-           | 179,100   | 77 |
| 80    | NET COST                                         | -0-                                                     | -0-                                                      |                             | 137,175   |                       | 537,542               | 78,197        | 752,914   | 80 |
| 82    | STAFF HOUR                                       |                                                         |                                                          |                             | 1,880     |                       | 20,733                | 5,700         |           | 82 |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 |                                                         |                                                          | \$                          | \$ 115.04 | \$                    | \$ 30.75              | \$ 13.72      |           | 85 |



| NAME                   |  | ADDRESS                   |  | CITY          |  | STATE      |  | ZIP    |  | COUNTRY |  |
|------------------------|--|---------------------------|--|---------------|--|------------|--|--------|--|---------|--|
| J. Edgar Hoover        |  | 2455 Reservoir Road       |  | Washington    |  | D.C.       |  | 20535  |  | U.S.A.  |  |
| Richard M. Nixon       |  | 1600 Amphitheatre Parkway |  | Mountain View |  | California |  | 94035  |  | U.S.A.  |  |
| Lyndon B. Johnson      |  | 1111 North Loop West      |  | Houston       |  | Texas      |  | 77007  |  | U.S.A.  |  |
| Hubert H. Humphrey     |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Walter F. Mondale      |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Jimmy Carter           |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Ronald Reagan          |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Gerald R. Ford         |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Jesse White            |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Franklin D. Roosevelt  |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Dwight D. Eisenhower   |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| John F. Kennedy        |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| John V. Lindsay        |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| George A. Bush         |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| George H. W. Bush      |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Bill Clinton           |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Barack Obama           |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Michelle Obama         |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Joe Biden              |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Kamala Harris          |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Donald Trump           |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Mitt Romney            |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Rick Warren            |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Newt Gingrich          |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Jesse Helms            |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Pat Buchanan           |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| William F. Buckley Jr. |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| F. Lee Harvey Oswald   |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Lee Harvey Oswald      |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Jack Ruby              |  | 1000 North Dearborn       |  | Chicago       |  | Illinois   |  | 60610  |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  | U.S.A.  |  |
| Dallas                 |  | 1000 North Dearborn       |  | Texas         |  | 75201      |  | U.S.A. |  |         |  |



## PROGRAM BUDGET

MH 1903 (7/82)

01 PROGRAM TYPE  
01 REGULAR45 MODE OF SERVICE  
COMMUNITY OUTREACH SERVICES01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

2 COMMUNITY OUTREACH SERVICES PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | E. Oakland | Community Mental Health | Eden Adult Outpatient |         | Eden Children's Service |          |          |          |          | TOTAL<br>9999 | ITEMS |
|-------|--------------------------------------------------|------------|-------------------------|-----------------------|---------|-------------------------|----------|----------|----------|----------|---------------|-------|
|       | PROVIDER NUMBER                                  | 0108       | 0108                    | 0112                  | 0112    | 0112                    | 0112     |          |          |          |               |       |
|       | COST CENTER                                      | 70         | 10                      | Subtotal              | 70      | 10                      | Subtotal | 71       | 11       | Subtotal |               |       |
| 1     | SALARIES & EMP. BENEFITS                         | 43,497     | 56,359                  | 99,856                | 18,132  | 14,316                  | 32,448   | 11,210   | 34,433   | 45,643   |               | 1     |
| 5     | OPERATING EXPENSE                                | 11,917     | 15,440                  | 27,357                | 5,025   | 3,967                   | 8,992    | 1,743    | 5,355    | 7,098    |               | 5     |
| 10    | EQUIPMENT                                        |            |                         |                       | 61      | 49                      | 110      |          |          |          |               | 10    |
| 15    | REMODELING                                       |            |                         |                       |         |                         |          |          |          |          |               | 15    |
| 28    | NEG./FEE FOR SERV. CONTRACTS                     |            |                         |                       |         |                         |          |          |          |          |               | 28    |
| 40    | CONTRACTS                                        |            |                         |                       |         |                         |          |          |          |          |               | 40    |
| 45    | GROSS COST                                       | 55,414     | 71,799                  | 127,213               | 23,218  | 18,332                  | 41,550   | 12,953   | 39,788   | 52,741   |               | 45    |
| 50    | SAVINGS                                          | 2,437      | 3,158                   | 5,595                 | 1,009   | 797                     | 1,806    | 628      | 1,928    | 2,556    |               | 50    |
| 51    | SUBTOTAL GROSS COST                              | 52,977     | 68,641                  | 121,618               | 22,209  | 17,535                  | 39,744   | 12,325   | 37,860   | 50,185   |               | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 17,717     | 22,956                  | 40,673                | 7,523   | 5,940                   | 13,463   | 4,724    | 14,512   | 19,236   |               | 62    |
| 65    | ADJUSTED GROSS COST                              | 70,694     | 91,598                  | 162,292               | 29,732  | 23,475                  | 53,207   | 17,049   | 52,372   | 69,421   |               | 65    |
| 68    | REVENUES                                         |            |                         |                       |         |                         |          |          |          |          |               | 68    |
| 69    | a. GRANTS                                        |            |                         |                       |         |                         |          |          |          |          |               | 69    |
| 75    | g. OTHER                                         |            |                         |                       |         |                         |          |          |          |          |               | 75    |
| 76    | h. M.D.O.                                        |            |                         |                       |         |                         |          |          |          |          |               | 76    |
| 77    | TOTAL REVENUES                                   | -0-        | -0-                     | -0-                   | -0-     | -0-                     | -0-      | -0-      | -0-      | -0-      |               | 77    |
| 80    | NET COST                                         | 70,694     | 91,598                  | 162,292               | 29,732  | 23,475                  | 53,207   | 17,049   | 52,372   | 69,421   |               | 80    |
| 82    | STAFF HOURS                                      | 740        | 959                     | 1,699                 | 342     | 270                     | 612      | 167      | 513      | 680      |               | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$95.53    | \$95.51                 | \$95.52               | \$86.94 | \$86.94                 | \$86.94  | \$102.09 | \$102.09 | \$102.09 |               | 85    |







## PROGRAM BUDGET

MH 1903 (7/82)

 01 PROGRAM TYPE  
01 REGULAR

 45 MODE OF SERVICE  
COMMUNITY OUTREACH SERVICES

 01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

2 COMMUNITY OUTREACH SERVICES PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | Guidance Clinic/Dependent Child | C. Oakland | Comm. Mental Health | Senior Outreach |         |          |          |          |          | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|--------------------------------------------------|---------------------------------|------------|---------------------|-----------------|---------|----------|----------|----------|----------|---------------|-----------------------|
|       | PROVIDER NUMBER                                  | 0119                            | 0119       | 0120                | 0120            | 0114    | 0114     |          |          |          |               |                       |
|       | COST CENTER                                      | 70                              | 10         | 70                  | 10              | 71      | 11       |          |          |          |               |                       |
|       |                                                  |                                 | Subtotal   |                     | Subtotal        |         | Subtotal |          |          |          |               |                       |
| 1     | SALARIES & EMP. BENEFITS                         | 11,059                          | 97,580     | 108,639             | 17,295          | 40,722  | 58,017   | 39,866   | 61,884   | 101,750  |               | 1                     |
| 5     | OPERATING EXPENSE                                | 1,698                           | 14,978     | 16,676              | 5,055           | 11,902  | 16,957   | 9,539    | 14,884   | 24,473   |               | 5                     |
| 10    | EQUIPMENT                                        |                                 |            |                     |                 |         |          |          |          |          |               | 10                    |
| 15    | REMODELING                                       |                                 |            |                     |                 |         |          |          |          |          |               | 15                    |
| 28    | NEG./FEE FOR SERV. CONTRACTS                     |                                 |            |                     |                 |         |          |          |          |          |               | 28                    |
| 40    | CONTRACTS                                        |                                 |            |                     |                 |         |          |          |          |          |               | 40                    |
| 45    | GROSS COST                                       | 12,757                          | 112,558    | 125,315             | 22,350          | 52,624  | 74,974   | 49,455   | 76,768   | 126,223  |               | 45                    |
| 50    | SAVINGS                                          | 619                             | 5,460      | 6,079               | 968             | 2,279   | 3,247    | 2,479    | 3,849    | 6,328    |               | 50                    |
| 51    | SUBTOTAL GROSS COST                              | 12,138                          | 107,098    | 119,236             | 21,382          | 50,345  | 71,727   | 46,976   | 72,919   | 119,895  |               | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 3,495                           | 30,836     | 34,331              | 6,935           | 16,328  | 23,263   | 10,983   | 17,049   | 28,032   |               | 62                    |
| 65    | ADJUSTED GROSS COST                              | 15,633                          | 137,934    | 153,567             | 28,317          | 66,673  | 94,990   | 57,959   | 89,968   | 147,927  |               | 65                    |
| 68    | REVENUES                                         |                                 |            |                     |                 |         |          |          |          |          |               | 68                    |
| 69    | a. GRANTS                                        |                                 |            |                     |                 |         |          |          |          |          |               | 69                    |
| 75    | g. OTHER                                         | 1,190                           | 10,496     | 11,686              |                 |         |          |          |          |          |               | 75                    |
| 76    | h. M.D.O.                                        |                                 |            |                     |                 |         |          |          |          |          |               | 76                    |
| 77    | TOTAL REVENUES                                   | 1,190                           | 10,496     | 11,686              | -0-             | -0-     | -0-      | -0-      | -0-      | -0-      |               | 77                    |
| 80    | NET COST                                         | 14,443                          | 127,438    | 141,881             | 28,317          | 66,673  | 94,990   | 57,959   | 89,968   | 147,927  |               | 80                    |
| 82    | STAFF HOURS                                      | 286                             | 2,523      | 2,809               | 364             | 857     | 1,221    | 523      | 812      | 1,335    |               | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$54.66                         | \$54.67    | \$54.67             | \$77.79         | \$77.30 | \$77.80  | \$110.82 | \$110.30 | \$110.81 |               | 85                    |







## PROGRAM BUDGET

MH 1903 (7/82)

01 PROGRAM TYPE  
01 REGULAR45 MODE OF SERVICE  
COMMUNITY OUTREACH SERVICES01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

2 COMMUNITY OUTREACH SERVICES PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS                                                 | PROVIDER NAME   | N. Region | Family & Child | Tri-City | Adult   |         | Tri-City | Children's |         | TOTAL<br>9999 | ITEMS |
|-------------------------------------------------------|-----------------|-----------|----------------|----------|---------|---------|----------|------------|---------|---------------|-------|
|                                                       | PROVIDER NUMBER | 0120      | 0120           | 0122     | 0122    |         | 0122     | 0122       |         |               |       |
|                                                       | COST CENTER     | 71        | 11             | Subtotal | 70      | 10      | Subtotal | 71         | 11      | Subtotal      |       |
| 1 SALARIES & EMP. BENEFITS                            | 1               | 11,658    | 79,995         | 91,653   | 16,709  | 38,766  | 55,475   | 2,306      | 10,128  | 12,514        | 1     |
| 5 OPERATING EXPENSE                                   |                 | 266       | 1,827          | 2,093    | 3,091   | 7,170   | 10,261   | 2,401      | 10,192  | 12,593        | 5     |
| 10 EQUIPMENT                                          |                 |           |                |          | 41      | 95      | 136      |            |         |               | 10    |
| 15 REMODELING                                         |                 |           |                |          |         |         |          |            |         |               | 15    |
| 28 NEG./FEE FOR SERV.CONTRACTS                        |                 |           |                |          |         |         |          |            |         |               | 28    |
| 40 CONTRACTS                                          |                 |           |                |          |         |         |          |            |         |               | 40    |
| 45 GROSS COST                                         | 2               | 11,924    | 81,822         | 93,746   | 19,841  | 46,031  | 65,872   | 4,787      | 20,320  | 25,107        | 45    |
| 50 SAVINGS                                            |                 | 717       | 4,917          | 5,634    | 934     | 2,168   | 3,102    | 132        | 559     | 691           | 50    |
| 51 SUBTOTAL GROSS COST                                |                 | 11,207    | 76,905         | 88,112   | 18,907  | 43,863  | 62,770   | 4,655      | 19,761  | 24,416        | 51    |
| 62 DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION |                 | 4,653     | 31,929         | 36,582   | 6,919   | 16,053  | 22,972   | 977        | 4,144   | 5,121         | 62    |
| 65 ADJUSTED GROSS COST                                |                 | 15,860    | 108,834        | 124,694  | 25,826  | 59,916  | 85,742   | 5,632      | 23,905  | 29,537        | 65    |
| 68 REVENUES                                           |                 |           |                |          |         |         |          |            |         |               | 68    |
| 69 a. GRANTS                                          |                 |           |                |          |         |         |          |            |         |               | 69    |
| 75 g. OTHER                                           | 3               |           |                |          |         |         |          |            |         |               | 75    |
| 76 h. M.D.O.                                          |                 |           |                |          |         |         |          |            |         |               | 76    |
| 77 TOTAL REVENUES                                     |                 | -0-       | -0-            | -0-      | -0-     | -0-     | -0-      | -0-        | -0-     | -0-           | 77    |
| 80 NET COST                                           |                 | 15,860    | 108,834        | 124,694  | 25,826  | 59,916  | 85,742   | 5,632      | 23,905  | 29,537        | 80    |
| 82 STAFF HOURS                                        |                 | 208       | 1,427          | 1,635    | 259     | 601     | 860      | 90         | 382     | 472           | 82    |
| 85 COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   |                 | \$76.25   | \$76.27        | \$76.27  | \$99.71 | \$99.69 | \$99.70  | \$62.58    | \$62.58 | \$62.58       | 85    |







## PROGRAM BUDGET

MH 1903 (7/82)

01 PROGRAM TYPE  
01 REGULAR45 MODE OF SERVICE  
COMMUNITY OUTREACH SERVICES01 SUBMISSION TYPE  
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83 FISCAL YEAR

01 COUNTY OF Alameda

2 COMMUNITY OUTREACH SERVICES PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | Valley  | Adult   |          | Valley   | Children's |          |   |   |   |   | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|---------|---------|----------|----------|------------|----------|---|---|---|---|---------------|-----------------------|
|       | PROVIDER NUMBER                                    | 0132    | 0132    |          | 0132     | 0132       |          |   |   |   |   |               |                       |
|       | COST CENTER                                        | 70      | 10      | Subtotal | 71       | 11         | Subtotal |   |   |   |   |               |                       |
| 1     | SALARIES & EMP. BENEFITS                           | 1,997   | 4,035   | 6,032    | 19,590   | 44,242     | 63,832   |   |   |   |   |               | 1                     |
| 5     | OPERATING EXPENSE                                  | 6,048   | 12,224  | 18,272   | 1,921    | 4,339      | 6,260    |   |   |   |   |               | 5                     |
| 10    | EQUIPMENT                                          |         |         |          |          |            |          |   |   |   |   |               | 10                    |
| 15    | REMODELING                                         |         |         |          |          |            |          |   |   |   |   |               | 15                    |
| 28    | NEG./FEE FOR SERV.CONTRACTS                        |         |         |          |          |            |          |   |   |   |   |               | 28                    |
| 40    | CONTRACTS                                          |         |         |          |          |            |          |   |   |   |   |               | 40                    |
| 45    | GROSS COST                                         | 2 8,045 | 16,259  | 24,304   | 21,511   | 48,591     | 70,092   |   |   |   |   |               | 45                    |
| 50    | SAVINGS                                            | < 112   | X 227   | X 339    | X 1,098  | X 2,481    | X 3,579  | X | X | X | X | X             | 50                    |
| 51    | SUBTOTAL GROSS COST                                | 7,933   | 16,032  | 23,965   | 20,413   | 46,100     | 66,513   |   |   |   |   |               | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION | 808     | 1,634   | 2,442    | 8,120    | 18,337     | 26,457   |   |   |   |   |               | 62                    |
| 65    | ADJUSTED GROSS COST                                | 8,741   | 17,666  | 26,407   | 28,533   | 64,437     | 92,970   |   |   |   |   |               | 65                    |
| 68    | REVENUES                                           |         |         |          |          |            |          |   |   |   |   |               | 68                    |
| 69    | a. GRANTS                                          |         |         |          |          |            |          |   |   |   |   |               | 69                    |
| 75    | g. OTHER                                           | 3       |         |          |          |            |          |   |   |   |   |               | 75                    |
| 76    | h. M.D.O.                                          |         |         |          |          |            |          |   |   |   |   |               | 76                    |
| 77    | TOTAL REVENUES                                     | < -0-   | X -0-   | X -0-    | X -0-    | X -0-      | X -0-    | X | X | X | X | X             | 77                    |
| 80    | NET COST                                           | 8,741   | 17,666  | 26,407   | 28,533   | 64,437     | 92,970   |   |   |   |   |               | 80                    |
| 82    | STAFF HOURS                                        | 95      | 192     | 287      | 182      | 411        | 593      |   |   |   |   |               | 82                    |
| 85    | COST PER UNIT OF SERVICE                           | \$92.01 | \$92.01 | \$92.01  | \$156.77 | \$156.78   | \$156.78 |   |   |   |   |               | 85                    |
|       | DIVIDE LINE 65 BY 82                               |         |         |          |          |            |          |   |   |   |   |               |                       |



THE UNIVERSITY OF  
THE STATE OF NEW YORK  
IN SENATE

REPORT OF THE  
COMMISSIONER OF THE  
DEPARTMENT OF EDUCATION

FOR THE YEAR  
ENDING JUNE 30, 1911

ALBANY:  
J. B. LIPPINCOTT & CO.,  
PRINTERS, 1911.

ALBANY: J. B. LIPPINCOTT & CO.,  
PRINTERS, 1911.

ALBANY: J. B. LIPPINCOTT & CO.,  
PRINTERS, 1911.

| No. | Name             | Age | Sex | Color | Religion | Marital Status | Education | Occupation | Income  | Assets  | Liabilities | Net Worth | Remarks |
|-----|------------------|-----|-----|-------|----------|----------------|-----------|------------|---------|---------|-------------|-----------|---------|
|     |                  |     |     |       |          |                |           |            |         |         |             |           |         |
| 1   | John Doe         | 25  | M   | W     | C        | M              | H         | Teacher    | \$1,200 | \$500   | \$200       | \$300     |         |
| 2   | Jane Smith       | 22  | F   | W     | C        | S              | H         | Student    | \$800   | \$300   | \$100       | \$200     |         |
| 3   | Robert Johnson   | 30  | M   | W     | C        | M              | H         | Farmer     | \$1,500 | \$600   | \$250       | \$350     |         |
| 4   | Mary White       | 28  | F   | W     | C        | M              | H         | Homemaker  | \$1,000 | \$400   | \$150       | \$250     |         |
| 5   | William Brown    | 35  | M   | W     | C        | M              | H         | Merchant   | \$2,000 | \$800   | \$300       | \$500     |         |
| 6   | Elizabeth Green  | 24  | F   | W     | C        | S              | H         | Student    | \$900   | \$350   | \$120       | \$230     |         |
| 7   | Charles Black    | 32  | M   | W     | C        | M              | H         | Engineer   | \$1,800 | \$700   | \$280       | \$420     |         |
| 8   | Anna Miller      | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,100 | \$450   | \$180       | \$270     |         |
| 9   | Thomas Wilson    | 38  | M   | W     | C        | M              | H         | Doctor     | \$2,200 | \$900   | \$350       | \$550     |         |
| 10  | Sarah Davis      | 23  | F   | W     | C        | S              | H         | Student    | \$850   | \$320   | \$110       | \$210     |         |
| 11  | James Taylor     | 31  | M   | W     | C        | M              | H         | Teacher    | \$1,300 | \$550   | \$220       | \$330     |         |
| 12  | Lucy Anderson    | 27  | F   | W     | C        | M              | H         | Homemaker  | \$1,050 | \$420   | \$160       | \$260     |         |
| 13  | George Harris    | 33  | M   | W     | C        | M              | H         | Engineer   | \$1,900 | \$750   | \$290       | \$460     |         |
| 14  | Frances Clark    | 25  | F   | W     | C        | S              | H         | Student    | \$950   | \$380   | \$130       | \$250     |         |
| 15  | Edward King      | 36  | M   | W     | C        | M              | H         | Merchant   | \$2,100 | \$850   | \$320       | \$530     |         |
| 16  | Martha Lewis     | 24  | F   | W     | C        | M              | H         | Homemaker  | \$1,150 | \$480   | \$190       | \$290     |         |
| 17  | Frank Young      | 34  | M   | W     | C        | M              | H         | Engineer   | \$2,050 | \$820   | \$310       | \$510     |         |
| 18  | Grace Hall       | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,080 | \$440   | \$170       | \$270     |         |
| 19  | Henry Allen      | 37  | M   | W     | C        | M              | H         | Doctor     | \$2,300 | \$950   | \$380       | \$570     |         |
| 20  | Isabel Wright    | 23  | F   | W     | C        | S              | H         | Student    | \$920   | \$360   | \$120       | \$240     |         |
| 21  | John Scott       | 32  | M   | W     | C        | M              | H         | Teacher    | \$1,400 | \$600   | \$240       | \$360     |         |
| 22  | Katherine Adams  | 27  | F   | W     | C        | M              | H         | Homemaker  | \$1,120 | \$460   | \$180       | \$280     |         |
| 23  | William Baker    | 35  | M   | W     | C        | M              | H         | Engineer   | \$2,000 | \$800   | \$300       | \$500     |         |
| 24  | Elizabeth Carter | 25  | F   | W     | C        | S              | H         | Student    | \$980   | \$400   | \$140       | \$260     |         |
| 25  | Charles Evans    | 33  | M   | W     | C        | M              | H         | Merchant   | \$2,150 | \$880   | \$330       | \$550     |         |
| 26  | Anna Baker       | 24  | F   | W     | C        | M              | H         | Homemaker  | \$1,180 | \$500   | \$200       | \$280     |         |
| 27  | Thomas Green     | 36  | M   | W     | C        | M              | H         | Engineer   | \$2,080 | \$840   | \$320       | \$520     |         |
| 28  | Sarah Miller     | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,090 | \$470   | \$180       | \$290     |         |
| 29  | George Wilson    | 34  | M   | W     | C        | M              | H         | Engineer   | \$2,020 | \$810   | \$310       | \$500     |         |
| 30  | Frances Taylor   | 25  | F   | W     | C        | S              | H         | Student    | \$960   | \$390   | \$130       | \$260     |         |
| 31  | Edward Brown     | 37  | M   | W     | C        | M              | H         | Doctor     | \$2,350 | \$980   | \$400       | \$580     |         |
| 32  | Isabel Davis     | 23  | F   | W     | C        | S              | H         | Student    | \$940   | \$370   | \$120       | \$250     |         |
| 33  | John Clark       | 32  | M   | W     | C        | M              | H         | Teacher    | \$1,450 | \$620   | \$250       | \$370     |         |
| 34  | Katherine Evans  | 27  | F   | W     | C        | M              | H         | Homemaker  | \$1,140 | \$490   | \$190       | \$280     |         |
| 35  | William Harris   | 35  | M   | W     | C        | M              | H         | Engineer   | \$2,040 | \$830   | \$310       | \$520     |         |
| 36  | Elizabeth King   | 25  | F   | W     | C        | S              | H         | Student    | \$990   | \$410   | \$140       | \$270     |         |
| 37  | Charles Lewis    | 33  | M   | W     | C        | M              | H         | Merchant   | \$2,180 | \$900   | \$340       | \$560     |         |
| 38  | Anna Young       | 24  | F   | W     | C        | M              | H         | Homemaker  | \$1,200 | \$520   | \$210       | \$290     |         |
| 39  | Thomas Hall      | 36  | M   | W     | C        | M              | H         | Engineer   | \$2,060 | \$860   | \$330       | \$530     |         |
| 40  | Sarah Allen      | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,100 | \$480   | \$190       | \$290     |         |
| 41  | George Wright    | 34  | M   | W     | C        | M              | H         | Engineer   | \$2,010 | \$800   | \$300       | \$500     |         |
| 42  | Frances Scott    | 25  | F   | W     | C        | S              | H         | Student    | \$970   | \$390   | \$130       | \$260     |         |
| 43  | Edward Adams     | 37  | M   | W     | C        | M              | H         | Doctor     | \$2,380 | \$1,000 | \$420       | \$580     |         |
| 44  | Isabel Baker     | 23  | F   | W     | C        | S              | H         | Student    | \$950   | \$380   | \$120       | \$250     |         |
| 45  | John Carter      | 32  | M   | W     | C        | M              | H         | Teacher    | \$1,500 | \$650   | \$260       | \$390     |         |
| 46  | Katherine Evans  | 27  | F   | W     | C        | M              | H         | Homemaker  | \$1,160 | \$510   | \$200       | \$290     |         |
| 47  | William Harris   | 35  | M   | W     | C        | M              | H         | Engineer   | \$2,070 | \$850   | \$320       | \$530     |         |
| 48  | Elizabeth King   | 25  | F   | W     | C        | S              | H         | Student    | \$1,000 | \$430   | \$150       | \$280     |         |
| 49  | Charles Lewis    | 33  | M   | W     | C        | M              | H         | Merchant   | \$2,200 | \$920   | \$350       | \$570     |         |
| 50  | Anna Young       | 24  | F   | W     | C        | M              | H         | Homemaker  | \$1,220 | \$540   | \$220       | \$300     |         |
| 51  | Thomas Hall      | 36  | M   | W     | C        | M              | H         | Engineer   | \$2,090 | \$870   | \$340       | \$530     |         |
| 52  | Sarah Allen      | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,120 | \$500   | \$200       | \$290     |         |
| 53  | George Wright    | 34  | M   | W     | C        | M              | H         | Engineer   | \$2,030 | \$820   | \$310       | \$510     |         |
| 54  | Frances Scott    | 25  | F   | W     | C        | S              | H         | Student    | \$980   | \$400   | \$140       | \$260     |         |
| 55  | Edward Adams     | 37  | M   | W     | C        | M              | H         | Doctor     | \$2,400 | \$1,020 | \$440       | \$580     |         |
| 56  | Isabel Baker     | 23  | F   | W     | C        | S              | H         | Student    | \$960   | \$390   | \$120       | \$250     |         |
| 57  | John Carter      | 32  | M   | W     | C        | M              | H         | Teacher    | \$1,550 | \$680   | \$270       | \$400     |         |
| 58  | Katherine Evans  | 27  | F   | W     | C        | M              | H         | Homemaker  | \$1,180 | \$530   | \$210       | \$290     |         |
| 59  | William Harris   | 35  | M   | W     | C        | M              | H         | Engineer   | \$2,080 | \$860   | \$330       | \$530     |         |
| 60  | Elizabeth King   | 25  | F   | W     | C        | S              | H         | Student    | \$1,010 | \$450   | \$160       | \$280     |         |
| 61  | Charles Lewis    | 33  | M   | W     | C        | M              | H         | Merchant   | \$2,220 | \$940   | \$360       | \$580     |         |
| 62  | Anna Young       | 24  | F   | W     | C        | M              | H         | Homemaker  | \$1,240 | \$560   | \$230       | \$300     |         |
| 63  | Thomas Hall      | 36  | M   | W     | C        | M              | H         | Engineer   | \$2,100 | \$890   | \$350       | \$540     |         |
| 64  | Sarah Allen      | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,140 | \$520   | \$210       | \$290     |         |
| 65  | George Wright    | 34  | M   | W     | C        | M              | H         | Engineer   | \$2,040 | \$840   | \$320       | \$520     |         |
| 66  | Frances Scott    | 25  | F   | W     | C        | S              | H         | Student    | \$990   | \$410   | \$150       | \$260     |         |
| 67  | Edward Adams     | 37  | M   | W     | C        | M              | H         | Doctor     | \$2,420 | \$1,040 | \$460       | \$580     |         |
| 68  | Isabel Baker     | 23  | F   | W     | C        | S              | H         | Student    | \$970   | \$400   | \$120       | \$250     |         |
| 69  | John Carter      | 32  | M   | W     | C        | M              | H         | Teacher    | \$1,600 | \$710   | \$280       | \$410     |         |
| 70  | Katherine Evans  | 27  | F   | W     | C        | M              | H         | Homemaker  | \$1,200 | \$550   | \$220       | \$290     |         |
| 71  | William Harris   | 35  | M   | W     | C        | M              | H         | Engineer   | \$2,090 | \$870   | \$340       | \$530     |         |
| 72  | Elizabeth King   | 25  | F   | W     | C        | S              | H         | Student    | \$1,020 | \$470   | \$170       | \$280     |         |
| 73  | Charles Lewis    | 33  | M   | W     | C        | M              | H         | Merchant   | \$2,240 | \$960   | \$370       | \$590     |         |
| 74  | Anna Young       | 24  | F   | W     | C        | M              | H         | Homemaker  | \$1,260 | \$580   | \$240       | \$300     |         |
| 75  | Thomas Hall      | 36  | M   | W     | C        | M              | H         | Engineer   | \$2,110 | \$910   | \$360       | \$550     |         |
| 76  | Sarah Allen      | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,160 | \$540   | \$220       | \$290     |         |
| 77  | George Wright    | 34  | M   | W     | C        | M              | H         | Engineer   | \$2,050 | \$850   | \$330       | \$520     |         |
| 78  | Frances Scott    | 25  | F   | W     | C        | S              | H         | Student    | \$1,000 | \$430   | \$160       | \$260     |         |
| 79  | Edward Adams     | 37  | M   | W     | C        | M              | H         | Doctor     | \$2,440 | \$1,060 | \$480       | \$580     |         |
| 80  | Isabel Baker     | 23  | F   | W     | C        | S              | H         | Student    | \$980   | \$410   | \$120       | \$250     |         |
| 81  | John Carter      | 32  | M   | W     | C        | M              | H         | Teacher    | \$1,650 | \$740   | \$290       | \$420     |         |
| 82  | Katherine Evans  | 27  | F   | W     | C        | M              | H         | Homemaker  | \$1,220 | \$570   | \$230       | \$290     |         |
| 83  | William Harris   | 35  | M   | W     | C        | M              | H         | Engineer   | \$2,100 | \$890   | \$350       | \$540     |         |
| 84  | Elizabeth King   | 25  | F   | W     | C        | S              | H         | Student    | \$1,030 | \$490   | \$180       | \$280     |         |
| 85  | Charles Lewis    | 33  | M   | W     | C        | M              | H         | Merchant   | \$2,260 | \$980   | \$380       | \$600     |         |
| 86  | Anna Young       | 24  | F   | W     | C        | M              | H         | Homemaker  | \$1,280 | \$600   | \$250       | \$300     |         |
| 87  | Thomas Hall      | 36  | M   | W     | C        | M              | H         | Engineer   | \$2,120 | \$930   | \$370       | \$560     |         |
| 88  | Sarah Allen      | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,180 | \$560   | \$230       | \$290     |         |
| 89  | George Wright    | 34  | M   | W     | C        | M              | H         | Engineer   | \$2,060 | \$860   | \$340       | \$520     |         |
| 90  | Frances Scott    | 25  | F   | W     | C        | S              | H         | Student    | \$1,010 | \$450   | \$170       | \$260     |         |
| 91  | Edward Adams     | 37  | M   | W     | C        | M              | H         | Doctor     | \$2,460 | \$1,080 | \$500       | \$580     |         |
| 92  | Isabel Baker     | 23  | F   | W     | C        | S              | H         | Student    | \$990   | \$430   | \$120       | \$250     |         |
| 93  | John Carter      | 32  | M   | W     | C        | M              | H         | Teacher    | \$1,700 | \$770   | \$300       | \$430     |         |
| 94  | Katherine Evans  | 27  | F   | W     | C        | M              | H         | Homemaker  | \$1,240 | \$590   | \$240       | \$290     |         |
| 95  | William Harris   | 35  | M   | W     | C        | M              | H         | Engineer   | \$2,110 | \$910   | \$360       | \$550     |         |
| 96  | Elizabeth King   | 25  | F   | W     | C        | S              | H         | Student    | \$1,040 | \$510   | \$190       | \$280     |         |
| 97  | Charles Lewis    | 33  | M   | W     | C        | M              | H         | Merchant   | \$2,280 | \$1,000 | \$390       | \$610     |         |
| 98  | Anna Young       | 24  | F   | W     | C        | M              | H         | Homemaker  | \$1,300 | \$620   | \$260       | \$300     |         |
| 99  | Thomas Hall      | 36  | M   | W     | C        | M              | H         | Engineer   | \$2,130 | \$950   | \$380       | \$570     |         |
| 100 | Sarah Allen      | 26  | F   | W     | C        | M              | H         | Homemaker  | \$1,200 | \$600   | \$250       | \$290     |         |



## PROGRAM BUDGET

MH 1903 (7/82)

01 PROGRAM TYPE  
01 REGULAR45 MODE OF SERVICE  
COMMUNITY OUTREACH SERVICES01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

2 COMMUNITY OUTREACH SERVICES PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | Alameda | Adult   |          | Alameda | Children's |          |  | Placement |  | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|---------|---------|----------|---------|------------|----------|--|-----------|--|---------------|-----------------------|
|       | PROVIDER NUMBER                                    | 0152    | 0152    |          | 0152    | 0152       |          |  | 0114      |  |               |                       |
|       | COST CENTER                                        | 70      | 10      | Subtotal | 71      | 11         | Subtotal |  | 70        |  |               |                       |
| 1     | SALARIES & EMP. BENEFITS                           | 13,279  | 934     | 14,213   | 6,468   | 18,885     | 25,353   |  | 44,360    |  |               | 1                     |
| 5     | OPERATING EXPENSE                                  | 2,966   | 209     | 3,175    | 3,697   | 10,796     | 14,493   |  | 7,511     |  |               | 5                     |
| 10    | EQUIPMENT                                          |         |         |          |         |            |          |  |           |  |               | 10                    |
| 15    | REMODELING                                         |         |         |          |         |            |          |  |           |  |               | 15                    |
| 28    | NEG./FEE FOR SERV. CONTRACTS                       |         |         |          |         |            |          |  |           |  |               | 28                    |
| 40    | CONTRACTS                                          |         |         |          |         |            |          |  |           |  |               | 40                    |
| 45    | GROSS COST                                         | 16,245  | 1,143   | 17,388   | 10,165  | 29,681     | 39,846   |  | 51,871    |  |               | 45                    |
| 50    | SAVINGS                                            | 747     | 52      | 799      | 355     | 1,038      | 1,393    |  | 2,605     |  |               | 50                    |
| 51    | SUBTOTAL GROSS COST                                | 15,498  | 1,091   | 16,589   | 9,810   | 28,643     | 38,453   |  | 49,266    |  |               | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION | 5,283   | 371     | 5,654    | 2,589   | 7,561      | 10,150   |  | 12,201    |  |               | 62                    |
| 65    | ADJUSTED GROSS COST                                | 20,781  | 1,462   | 22,243   | 12,399  | 36,204     | 48,603   |  | 61,467    |  |               | 65                    |
| 68    | REVENUES                                           |         |         |          |         |            |          |  |           |  |               | 68                    |
| 69    | a. GRANTS                                          |         |         |          |         |            |          |  |           |  |               | 69                    |
| 75    | g. OTHER                                           |         |         |          |         |            |          |  |           |  |               | 75                    |
| 76    | h. M.D.O.                                          |         |         |          |         |            |          |  |           |  |               | 76                    |
| 77    | TOTAL REVENUES                                     | -0-     | -0-     | -0-      | -0-     | -0-        | -0-      |  | -0-       |  |               | 77                    |
| 80    | NET COST                                           | 20,781  | 1,462   | 22,243   | 12,399  | 36,204     | 48,603   |  | 61,467    |  |               | 80                    |
| 82    | STAFF HOURS                                        | 327     | 23      | 350      | 150     | 438        | 588      |  | 1,920     |  |               | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | \$63.55 | \$63.57 | \$63.55  | \$82.66 | \$82.66    | \$82.66  |  | \$32.01   |  |               | 85                    |







## PROGRAM BUDGET

MH 1903 (7/82)

01 PROGRAM TYPE  
01 REGULAR45 MODE OF SERVICE  
COMMUNITY OUTREACH SERVICES01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

2 COMMUNITY OUTREACH SERVICES PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS                                                 | B.A.C.S.        |          |            |            |          |                 |               |           | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------------------------------------------------------|-----------------|----------|------------|------------|----------|-----------------|---------------|-----------|---------------|-----------------------|
|                                                       | PROVIDER NAME   | C.L.C.   | La Familia | Counseling | Service  | Asian Community | Mental Health |           |               |                       |
|                                                       | PROVIDER NUMBER | 0102     | 0105       | 0105       |          | 0163            | 0163          |           |               |                       |
|                                                       | COST CENTER     | 70       | 70         | 10         | Subtotal | 70              | 10            | Subtotal  |               |                       |
| 1 SALARIES & EMP. BENEFITS                            |                 |          |            |            |          |                 |               |           |               | 1                     |
| 5 OPERATING EXPENSE                                   |                 |          |            |            |          |                 |               |           |               | 5                     |
| 10 EQUIPMENT                                          |                 |          |            |            |          |                 |               |           |               | 10                    |
| 15 REMODELING                                         |                 |          |            |            |          |                 |               |           |               | 15                    |
| 28 NEG./FEE FOR SERV.CONTRACTS                        |                 |          |            |            |          |                 |               |           |               | 28                    |
| 40 CONTRACTS                                          |                 | 365,011  | 102,394    | 25,598     | 127,992  | 30,969          | 190,238       | 221,207   |               | 40                    |
| 45 GROSS COST                                         | 2               | 365,011  | 102,394    | 25,598     | 127,992  | 30,969          | 190,238       | 221,207   |               | 45                    |
| 50 SAVINGS                                            |                 | X        | X          | X          | X        | X               | X             | X         | X             | 50                    |
| 51 SUBTOTAL GROSS COST                                |                 | 365,011  | 102,394    | 25,598     | 127,992  | 30,969          | 190,238       | 221,207   |               | 51                    |
| 62 DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION |                 |          |            |            |          |                 |               |           |               | 62                    |
| 65 ADJUSTED GROSS COST                                |                 | 365,011  | 102,394    | 25,598     | 127,992  | 30,969          | 190,238       | 221,207   |               | 65                    |
| 68 REVENUES                                           |                 |          |            |            |          |                 |               |           |               | 68                    |
| 69 a. GRANTS                                          |                 |          |            |            |          |                 |               |           |               | 69                    |
| 75 g. OTHER                                           | 3               | 94,829   |            |            |          | 14,148          | 86,907        | 101,055   |               | 75                    |
| 76 h. M.D.O.                                          |                 |          |            |            |          |                 |               |           |               | 76                    |
| 77 TOTAL REVENUES                                     |                 | X 94,829 | X          | X          | X        | X 14,148        | X 86,907      | X 101,055 | X             | 77                    |
| 80 NET COST                                           |                 | 270,182  | 102,394    | 25,598     | 127,992  | 16,821          | 103,331       | 120,152   |               | 80                    |
| 82 STAFF HOURS                                        |                 | 19,122   | 2,032      | 502        | 2,534    | 1,370           | 8,467         | 9,845     |               | 82                    |
| 85 COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   |                 | \$19.09  | \$50.39    | \$50.99    | \$50.51  | \$22.47         | \$22.47       | \$22.47   |               | 85                    |



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| No. | Date | Description |        | Amount | Balance |
|-----|------|-------------|--------|--------|---------|
|     |      | Debit       | Credit |        |         |
| 1   | 1900 |             |        |        |         |
| 2   | 1900 |             |        |        |         |
| 3   | 1900 |             |        |        |         |
| 4   | 1900 |             |        |        |         |
| 5   | 1900 |             |        |        |         |
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| 8   | 1900 |             |        |        |         |
| 9   | 1900 |             |        |        |         |
| 10  | 1900 |             |        |        |         |
| 11  | 1900 |             |        |        |         |
| 12  | 1900 |             |        |        |         |
| 13  | 1900 |             |        |        |         |
| 14  | 1900 |             |        |        |         |
| 15  | 1900 |             |        |        |         |
| 16  | 1900 |             |        |        |         |
| 17  | 1900 |             |        |        |         |
| 18  | 1900 |             |        |        |         |
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| 25  | 1900 |             |        |        |         |
| 26  | 1900 |             |        |        |         |
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| 29  | 1900 |             |        |        |         |
| 30  | 1900 |             |        |        |         |
| 31  | 1900 |             |        |        |         |
| 32  | 1900 |             |        |        |         |
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| 37  | 1900 |             |        |        |         |
| 38  | 1900 |             |        |        |         |
| 39  | 1900 |             |        |        |         |
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| 43  | 1900 |             |        |        |         |
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| 49  | 1900 |             |        |        |         |
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| 59  | 1900 |             |        |        |         |
| 60  | 1900 |             |        |        |         |
| 61  | 1900 |             |        |        |         |
| 62  | 1900 |             |        |        |         |
| 63  | 1900 |             |        |        |         |
| 64  | 1900 |             |        |        |         |
| 65  | 1900 |             |        |        |         |
| 66  | 1900 |             |        |        |         |
| 67  | 1900 |             |        |        |         |
| 68  | 1900 |             |        |        |         |
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| 73  | 1900 |             |        |        |         |
| 74  | 1900 |             |        |        |         |
| 75  | 1900 |             |        |        |         |
| 76  | 1900 |             |        |        |         |
| 77  | 1900 |             |        |        |         |
| 78  | 1900 |             |        |        |         |
| 79  | 1900 |             |        |        |         |
| 80  | 1900 |             |        |        |         |
| 81  | 1900 |             |        |        |         |
| 82  | 1900 |             |        |        |         |
| 83  | 1900 |             |        |        |         |
| 84  | 1900 |             |        |        |         |
| 85  | 1900 |             |        |        |         |
| 86  | 1900 |             |        |        |         |
| 87  | 1900 |             |        |        |         |
| 88  | 1900 |             |        |        |         |
| 89  | 1900 |             |        |        |         |
| 90  | 1900 |             |        |        |         |
| 91  | 1900 |             |        |        |         |
| 92  | 1900 |             |        |        |         |
| 93  | 1900 |             |        |        |         |
| 94  | 1900 |             |        |        |         |
| 95  | 1900 |             |        |        |         |
| 96  | 1900 |             |        |        |         |
| 97  | 1900 |             |        |        |         |
| 98  | 1900 |             |        |        |         |
| 99  | 1900 |             |        |        |         |
| 100 | 1900 |             |        |        |         |

CHICAGO, ILLINOIS



## PROGRAM BUDGET

MH 1903 (7/82)

01 PROGRAM TYPE  
01 REGULAR45 MODE OF SERVICE  
COMMUNITY OUTREACH SERVICES01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

2 COMMUNITY OUTREACH SERVICES PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | Suicide Prevention |         |          | Casa del Sol |          |           | Parental Stress Svc. | City of Berkeley |          | TOTAL<br>9999 | ITEMS |
|-------|--------------------------------------------------|--------------------|---------|----------|--------------|----------|-----------|----------------------|------------------|----------|---------------|-------|
|       | PROVIDER NUMBER                                  | 0185               | 0185    |          | 0191         | 0191     |           | 0192                 | 0197             | 0197     |               |       |
|       | COST CENTER                                      | 70                 | 10      | Subtotal | 70           | 10       | Subtotal  | 70                   | 70               | 71       |               |       |
| 1     | SALARIES & EMP. BENEFITS                         |                    |         |          |              |          |           |                      |                  |          |               | 1     |
| 5     | OPERATING EXPENSE                                |                    |         |          |              |          |           |                      |                  |          |               | 5     |
| 10    | EQUIPMENT                                        |                    |         |          |              |          |           |                      |                  |          |               | 10    |
| 15    | REMODELING                                       |                    |         |          |              |          |           |                      |                  |          |               | 15    |
| 28    | NEG./FEE FOR SERV. CONTRACTS                     |                    |         |          |              |          |           |                      |                  |          |               | 28    |
| 40    | CONTRACTS                                        | 172,053            | 8,485   | 180,538  | 76,313       | 120,192  | 196,505   | 44,327               | 29,686           | 100,490  |               | 40    |
| 45    | GROSS COST                                       | 172,053            | 8,485   | 180,538  | 76,313       | 120,192  | 196,505   | 44,327               | 29,686           | 100,490  |               | 45    |
| 50    | SAVINGS                                          | X                  | X       | X        | X            | X        | X         | X                    | X                | X        | X             | 50    |
| 51    | SUBTOTAL GROSS COST                              | 172,053            | 8,485   | 180,538  | 76,313       | 120,192  | 196,505   | 44,327               | 29,686           | 100,490  |               | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  |                    |         |          |              |          |           |                      |                  |          |               | 62    |
| 65    | ADJUSTED GROSS COST                              | 172,053            | 8,485   | 180,538  | 76,313       | 120,192  | 196,505   | 44,327               | 29,686           | 100,490  |               | 65    |
| 68    | REVENUES                                         |                    |         |          |              |          |           |                      |                  |          |               | 68    |
| 69    | a. GRANTS                                        |                    |         |          |              |          |           |                      |                  |          |               | 69    |
| 75    | g. OTHER                                         | 3 77,593           | 3,827   | 81,420   | 44,133       | 69,508   | 113,641   |                      |                  | 18,163   |               | 75    |
| 76    | h. M.D.O.                                        |                    |         |          |              |          |           |                      |                  |          |               | 76    |
| 77    | TOTAL REVENUES                                   | X 77,593           | X 3,827 | X 81,420 | X 44,133     | X 69,508 | X 113,641 | X                    | X                | X 18,163 | X             | 77    |
| 80    | NET COST                                         | 94,459             | 4,659   | 99,118   | 32,180       | 50,684   | 82,864    | 44,327               | 29,686           | 82,327   |               | 80    |
| 82    | STAFF HOURS                                      | 8,348              | 412     | 8,760    | 1,887        | 2,972    | 4,859     | 4,608                | 3,334            | 1,533    |               | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$20.61            | \$20.59 | \$20.61  | \$40.44      | \$40.44  | \$40.44   | \$9.62               | \$8.90           | \$65.55  |               | 85    |







## 2 COMMUNITY OUTREACH SERVICES PROGRAM

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

SUBMISSION DATE: 11/30/82

121







01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

### 3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

[illegible]







PROGRAM BUDGET  
MH 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

05 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                   | Bay Area Community Services |             | Villa           |               | Berkeley   | Randon  | La Cheim    | Garfield      | Gladman Hosp. | TOTAL<br>9999 | T<br>E<br>M<br>S |
|-------|-------------------------------------------------|-----------------------------|-------------|-----------------|---------------|------------|---------|-------------|---------------|---------------|---------------|------------------|
|       |                                                 | Laurel House                | Aliso House | Manzanita House | Fairmont      | Support    | House   | 24-Hour     | Nursing Home  | Inpatient     |               |                  |
|       |                                                 | PROVIDER NUMBER             | 0102        | 0102            | 0102          | 0113       | 0118    | 0125        | 0127          | 0144          | 0180          |                  |
|       |                                                 | COST CENTER                 | 30          | 42              | 43            | 30         | 40      | 40          | 40            | 30            | 10            |                  |
| 1     | SALARIES & EMP. BENEFIT                         |                             |             |                 |               |            |         |             |               |               |               | 1                |
| 5     | OPERATING EXPENSES                              |                             |             |                 |               |            |         |             |               |               |               | 5                |
| 10    | EQUIPMENT                                       |                             |             |                 |               |            |         |             |               |               |               | 10               |
| 15    | REMODELING                                      |                             |             |                 |               |            |         |             |               |               |               | 15               |
| 28    | NEG/FEE FOR SVC.CONTRACTS                       |                             |             |                 | 1,254,541     |            |         | 641,991     | 1,330,132     |               |               | 28               |
| 40    | CONTRACTS                                       | 62,503                      | 206,348     | 210,676         |               | 66,440     | 249,861 |             |               | 306,850       |               | 40               |
| 45    | GROSS COST                                      | 2 62,503                    | 206,348     | 210,676         | 1,254,541     | 66,440     | 249,861 | 641,991     | 1,330,132     | 306,850       |               | 45               |
| 50    | SAVINGS                                         | X                           | X           | X               | X             | X          | X       | X           | X             | X             | X             | 50               |
| 51    | SUBTOTAL GROSS COST                             | 62,503                      | 206,348     | 210,676         | 1,254,541     | 66,440     | 249,861 | 641,991     | 1,330,132     | 306,850       |               | 51               |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION |                             |             |                 |               |            |         |             |               |               |               | 62               |
| 65    | ADJUSTED GROSS COST                             | 62,503                      | 206,348     | 210,676         | 1,254,541     | 66,440     | 249,861 | 641,991     | 1,330,132     | 306,850       |               | 65               |
| 68    | REVENUES                                        |                             |             |                 |               |            |         |             |               |               |               | 68               |
| 69    | a. GRANTS                                       |                             |             |                 |               |            |         |             |               |               |               | 69               |
| 70    | b. PATIENT FEES                                 | 3                           |             |                 |               | 17,000     |         | 2,879       |               | 15,650        |               | 70               |
| 71    | c. PATIENT INSURANCE                            |                             |             |                 |               |            |         |             |               |               |               | 71               |
| 72    | d. MEDI-CAL / FEDERAL                           |                             |             |                 |               |            |         |             |               |               |               | 72               |
| 73    | e. MEDI-CAL / NON-FEDERAL                       |                             |             |                 |               |            |         |             |               |               |               | 73               |
| 74    | f. MEDICARE                                     |                             |             |                 |               |            |         |             |               |               |               | 74               |
| 75    | g. OTHER                                        |                             |             |                 | 1,166,908     | 22,000     |         | 131,361     | 1,211,887     |               |               | 75               |
| 76    | h. M.D.O.                                       | 4                           |             |                 |               |            |         |             |               |               |               | 76               |
| 77    | TOTAL REVENUES                                  | X -0- X                     | X -0- X     | X -0- X         | X 1,166,908 X | X 39,000 X | X -0- X | X 134,240 X | X 1,211,887 X | X 15,650 X    | X             | 77               |
| 80    | NET COST                                        | 62,503                      | 206,348     | 210,676         | 87,633        | 27,440     | 249,861 | 507,751     | 118,245       | 291,200       |               | 80               |
| 82    | PATIENT DAYS OR VISITS                          | 1,942                       | 3,057       | 3,490           | 32,850        | 16,350     | 5,044   | 3,650       | 33,989        | 1,050         |               | 82               |
| 85    | COST PER UNIT OF SERVICE                        | \$32.18                     | \$53.50     | \$60.37         | \$38.19       | \$4.06     | \$49.54 | \$ 175.89   | \$39.13       | \$292.24      |               | 85               |
|       | DIVIDE LINE 65 BY 82                            |                             |             |                 |               |            |         |             |               |               |               |                  |







PROGRAM BUDGET  
MH 1904 ( 7/82)

01 PROGRAM TYPE  
01 REGULAR

05 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | Lincoln      | Fred Finch   | Donita   | Berkeley | Undesignated | State       | TOTAL       | I<br>T<br>E<br>M<br>S |
|-------|--------------------------------------------------|--------------|--------------|----------|----------|--------------|-------------|-------------|-----------------------|
|       |                                                  | Child Ctr.   | Youth Ctr.   | House    | Place    | Bates        | Hospital    |             |                       |
|       |                                                  | 0183         | 0184         | 0197     | 0197     | None         | 0004        |             |                       |
|       | PROVIDER NUMBER                                  | 0183         | 0184         | 0197     | 0197     | None         | 0004        | 9999        |                       |
|       | COST CENTER                                      | 40           | 40           | 40       | 41       | --           | 10          |             |                       |
| 1     | SALARIES & EMP. BENEFIT                          |              |              |          |          |              |             | 2,561,711   | 1                     |
| 5     | OPERATING EXPENSES                               |              |              |          |          |              |             | 1,842,387   | 5                     |
| 10    | EQUIPMENT                                        |              |              |          |          |              |             |             | 10                    |
| 15    | REMODELING                                       |              |              |          |          |              |             |             | 15                    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       | 206,080      | 169,360      |          |          |              |             | 3,602,104   | 28                    |
| 40    | CONTRACTS                                        |              |              | 224,378  | 175,153  | 31,111       | 8,087,143   | 9,620,463   | 40                    |
| 45    | GROSS COST                                       | 206,080      | 169,360      | 224,378  | 175,153  | 31,111       |             | 17,626,665  | 45                    |
| 50    | SAVINGS                                          | X            | X            | X        | X        | X            | X           | 211,229     | 50                    |
| 51    | SUBTOTAL GROSS COST                              | 206,080      | 169,360      | 224,378  | 175,153  | 31,111       | 8,087,143   | 17,415,436  | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  |              |              |          |          |              |             | 1,073,070   | 62                    |
| 65    | ADJUSTED GROSS COST                              | 206,080      | 169,360      | 224,378  | 175,153  | 31,111       | 8,087,143   | 18,488,506  | 65                    |
| 68    | REVENUES                                         |              |              |          |          |              |             |             | 68                    |
| 69    | a. GRANTS                                        |              |              |          |          |              |             |             | 69                    |
| 70    | b. PATIENT FEES                                  | 3 408        | 461          |          |          |              |             | 62,274      | 70                    |
| 71    | c. PATIENT INSURANCE                             |              |              |          |          |              |             | 83,906      | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                            |              |              |          |          |              |             | 1,675,399   | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |              |              |          |          |              |             |             | 73                    |
| 74    | f. MEDICARE                                      |              |              |          |          |              |             | 669,264     | 74                    |
| 75    | g. OTHER                                         |              | 3,555        |          |          |              | 1,097,825   | 4,179,988   | 75                    |
| 76    | h. M.D.O.                                        | 4            |              |          |          |              |             | 57,278      | 76                    |
| 77    | TOTAL REVENUES                                   | X 408        | X 4,016      | X        | X        | X            | X 1,097,825 | X 6,728,109 | X 77                  |
| 80    | NET COST                                         | 205,672      | 165,344      | 224,378  | 175,153  | 31,111       | 6,989,318   | 11,760,397  | 80                    |
| 82    | PATIENT DAYS OR VISITS                           | 2,020        | 1,460        | 4,323    | 2,900    | N/A          | 63,166      | 195,936     | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$102.02 (1) | \$116.00 (1) | \$ 46.52 | \$60.40  | NPR 01       | \$128.03    | \$94.36     | 85                    |

(1) Disapproved net negotiated rate being appealed.

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## PROGRAM BUDGET

MH 1904 (7/82)

 01 PROGRAM TYPE  
01 REGULAR

 10 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | E. Oakland Eden Adult South Region Day Treatment |             |                  |                  | C. Oakland Tri-City Valley Adult Alameda Adult |            |            |            | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|--------------------------------------------------|--------------------------------------------------|-------------|------------------|------------------|------------------------------------------------|------------|------------|------------|---------------|-----------------------|
|       |                                                  | Day Treat.                                       | Partial Day | Partial Hospital | Partial Day Care | Partial Day                                    | Day Treat. | Day Treat. | Day Treat. |               |                       |
|       |                                                  | 0108                                             | 0112        | 0112             | 0112             | 0120                                           | 0122       | 0132       | 0152       |               |                       |
|       | PROVIDER NUMBER                                  | 0108                                             | 0112        | 0112             | 0112             | 0120                                           | 0122       | 0132       | 0152       |               |                       |
|       | COST CENTER                                      | 20                                               | 20          | 23               | 24               | Subtotal                                       | 20         | 20         | 20         | 20            |                       |
| 1     | SALARIES & EMP. BENEFIT                          | 205,694                                          | 30,840      | 93,526           | 201,974          | 295,500                                        | 94,933     | 34,562     | 6,388      | 23,694        | 1                     |
| 5     | OPERATING EXPENSES                               | 56,353                                           | 8,547       | 22,295           | 48,148           | 70,443                                         | 27,746     | 6,393      | 19,352     | 5,293         | 5                     |
| 10    | EQUIPMENT                                        |                                                  | 105         |                  |                  |                                                |            | 84         |            |               | 10                    |
| 15    | REMODELING                                       |                                                  |             |                  |                  |                                                |            |            |            |               | 15                    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       |                                                  |             |                  |                  |                                                |            |            |            |               | 28                    |
| 40    | CONTRACTS                                        |                                                  |             |                  |                  |                                                |            |            |            |               | 40                    |
| 45    | GROSS COST                                       | 262,047                                          | 39,492      | 115,821          | 250,122          | 365,943                                        | 122,679    | 41,039     | 25,740     | 28,987        | 45                    |
| 50    | SAVINGS                                          | 11,525                                           | 1,716       | 5,249            | 11,335           | 16,584                                         | 5,313      | 1,932      | 359        | 1,332         | 50                    |
| 51    | SUBTOTAL GROSS COST                              | 250,523                                          | 37,776      | 110,572          | 238,787          | 349,359                                        | 117,366    | 39,107     | 25,381     | 27,655        | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 33,897                                           | 12,910      | 39,064           | 84,360           | 123,424                                        | 37,988     | 14,343     | 2,670      | 9,447         | 62                    |
| 65    | ADJUSTED GROSS COST                              | 334,419                                          | 50,686      | 149,636          | 323,147          | 472,783                                        | 155,354    | 53,450     | 28,051     | 37,102        | 65                    |
| 68    | REVENUES                                         |                                                  |             |                  |                  |                                                |            |            |            |               | 68                    |
| 69    | a. GRANTS                                        |                                                  |             |                  |                  |                                                |            |            |            |               | 69                    |
| 70    | b. PATIENT FEES                                  | 4,016                                            | 977         | 188              | 595              | 783                                            | 1,323      | 887        | 1,162      | 798           | 70                    |
| 71    | c. PATIENT INSURANCE                             | 5,083                                            | 1,504       | 3,087            | 9,750            | 12,837                                         | 1,905      | 1,622      | 960        | 1,701         | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                            | 130,710                                          | 14,119      | 59,687           | 188,490          | 248,177                                        | 60,992     | 16,049     | 4,882      | 7,778         | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |                                                  |             |                  |                  |                                                |            |            |            |               | 73                    |
| 74    | f. MEDICARE                                      | 55,823                                           | 2,511       | 5,190            | 16,391           | 21,581                                         | 8,369      | 2,361      | 1,444      | 2,499         | 74                    |
| 75    | g. OTHER                                         |                                                  |             |                  |                  |                                                |            |            |            |               | 75                    |
| 76    | h. M.D.O.                                        |                                                  |             |                  |                  |                                                |            |            |            |               | 76                    |
| 77    | TOTAL REVENUES                                   | 195,632                                          | 19,111      | 68,152           | 215,226          | 283,378                                        | 72,589     | 20,919     | 8,448      | 12,776        | 77                    |
| 80    | NET COST                                         | 138,788                                          | 31,575      | 81,484           | 107,921          | 189,405                                        | 82,765     | 32,531     | 19,603     | 24,326        | 80                    |
| 82    | PATIENT DAYS OR VISITS                           | 5,451                                            | 1,048       | 2,564            | 5,537            | 8,101                                          | 2,222      | 765        | 402        | 531           | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$61.35                                          | \$48.36     | \$58.36          | \$58.36          | \$58.36                                        | \$69.92    | \$69.87    | \$69.78    | \$69.87       | 85                    |







## PROGRAM BUDGET

MH 1904 (7/82)

 01 PROGRAM TYPE  
01 REGULAR

 10 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | B.A.C.S.        | La Familia | La Cheim   | Pacific     | West Oakland Health Center |              | Gladman Day | Gladman    | TOTAL<br>9999 | ITEMS |
|-------|--------------------------------------------------|-----------------|------------|------------|-------------|----------------------------|--------------|-------------|------------|---------------|-------|
|       |                                                  | Laurel Hse.     | Day Treat. | Day Treat. | Child. Ctr. | Intensive                  | Habilitative | Day Treat.  | Geropsych. |               |       |
|       |                                                  | PROVIDER NUMBER | 0102       | 0105       | 0127        | 0130                       | 0170         | 0170        | 0180       | 0180          |       |
|       |                                                  | COST CENTER     | 20         | 20         | 20          | 20                         | 20           | 21          | 10         | 21            |       |
| 1     | SALARIES & EMP. BENEFIT                          | 48,216          |            |            |             |                            |              |             |            |               | 1     |
| 5     | OPERATING EXPENSES                               | 100             |            |            |             |                            |              |             |            |               | 5     |
| 10    | EQUIPMENT                                        |                 |            |            |             |                            |              |             |            |               | 10    |
| 15    | REMODELING                                       |                 |            |            |             |                            |              |             |            |               | 15    |
| 28    | NEG/FEE FOR SVC.CONTRACTS                        |                 |            | 325,279    |             |                            |              |             |            | 2,612,320     | 28    |
| 40    | CONTRACTS                                        | 81,672          | 161,830    |            | 156,662     | 171,708                    | 41,659       | 213,367     | 224,869    |               | 40    |
| 45    | GROSS COST                                       | 2 129,988       | 161,830    | 325,279    | 156,662     | 171,708                    | 41,659       | 213,367     | 224,869    | 2,612,320     | 45    |
| 50    | SAVINGS                                          | -0-             | X          | X          | X           | X                          | X            | X           | X          | X             | 50    |
| 51    | SUBTOTAL GROSS COST                              | 129,988         | 161,830    | 325,279    | 156,662     | 171,708                    | 41,659       | 213,367     | 224,869    | 2,612,320     | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 10,192          |            |            |             |                            |              |             |            |               | 62    |
| 65    | ADJUSTED GROSS COST                              | 140,180         | 161,830    | 325,279    | 156,662     | 171,708                    | 41,659       | 213,367     | 224,869    | 2,612,320     | 65    |
| 68    | REVENUES                                         |                 |            |            |             |                            |              |             |            |               | 68    |
| 69    | a. GRANTS                                        |                 |            |            |             |                            |              |             |            |               | 69    |
| 70    | b. PATIENT FEES                                  | 3               |            | 1,000      | 3,000       |                            |              |             |            | 38,503        | 70    |
| 71    | c. PATIENT INSURANCE                             |                 |            |            | 3,000       |                            |              |             |            |               | 71    |
| 72    | d. MEDI-CAL / FEDERAL                            |                 |            |            |             | 57,054                     | 27,390       | 84,444      |            |               | 72    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |                 |            |            |             |                            |              |             |            |               | 73    |
| 74    | f. MEDICARE                                      |                 |            |            |             |                            |              |             |            |               | 74    |
| 75    | g. OTHER                                         |                 |            | 120,000    | 70,798      | 10,888                     | 10,848       | 21,736      |            | 36,394        | 75    |
| 76    | h. M.D.O.                                        | 4               |            |            |             |                            |              |             |            |               | 76    |
| 77    | TOTAL REVENUES                                   | -0-             | X          | X          | X           | X                          | X            | X           | X          | X             | 77    |
| 80    | NET COST                                         | 140,180         | 161,830    | 204,279    | 79,864      | 103,766                    | 3,421        | 107,187     | 224,869    | 2,537,423     | 80    |
| 82    | PATIENT DAYS OR VISITS                           | 1,942           | 2,314      | 3,300      | 2,900       | 2,457                      | 597          | 3,054       | 2,846      | 33,989        | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$72.18         | \$69.94    | \$98.57    | \$54.02     | \$69.89                    | \$69.78      | \$69.86     | \$79.01    | \$76.86       | 85    |







PROGRAM BUDGET  
MH 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

10 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | Villa Fair- E.B.A.C. Lincoln F.F.Y.C. County-Funded |            |            |            |            | TOTAL       | I<br>T<br>E<br>M<br>S |
|-------|--------------------------------------------------|-----------------------------------------------------|------------|------------|------------|------------|-------------|-----------------------|
|       |                                                  | mont Day Tx                                         | Day Treat. | Child Ctr. | Day Treat. | Alpha Plus |             |                       |
|       |                                                  | 0180                                                | 0182       | 0183       | 0184       | 0135       |             |                       |
|       | PROVIDER NUMBER                                  | 0180                                                | 0182       | 0183       | 0184       | 0135       | 9999        |                       |
|       | COST CENTER                                      | 22                                                  | 20         | 20         | 20         | 20         |             |                       |
| 1     | SALARIES & EMP. BENEFIT                          |                                                     |            |            |            |            | 739,827     | 1                     |
| 5     | OPERATING EXPENSES                               |                                                     |            |            |            |            | 194,227     | 5                     |
| 10    | EQUIPMENT                                        |                                                     |            |            |            |            | 189         | 10                    |
| 15    | REMODELING                                       |                                                     |            |            |            |            |             | 15                    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       | 2,567,227                                           |            |            |            |            | 5,504,826   | 28                    |
| 40    | CONTRACTS                                        |                                                     | 222,164    | 20,000     | 145,153    | 64,503     | 1,290,220   | 40                    |
| 45    | GROSS COST                                       | 2,567,227                                           | 222,164    | 20,000     | 145,153    | 64,503     | 7,729,289   | 45                    |
| 50    | SAVINGS                                          | X                                                   | X          | X          | X          | X          | 38,761      | 50                    |
| 51    | SUBTOTAL GROSS COST                              | 2,567,227                                           | 222,164    | 20,000     | 145,153    | 64,503     | 7,690,528   | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  |                                                     |            |            |            |            | 294,371     | 62                    |
| 65    | ADJUSTED GROSS COST                              | 2,567,227                                           | 222,164    | 20,000     | 145,153    | 64,503     | 7,985,399   | 65                    |
| 68    | REVENUES                                         |                                                     |            |            |            |            |             | 68                    |
| 69    | a. GRANTS                                        |                                                     |            |            |            |            |             | 69                    |
| 70    | b. PATIENT FEES                                  | 3 28,470                                            | 620        |            | 553        |            | 82,092      | 70                    |
| 71    | c. PATIENT INSURANCE                             |                                                     |            |            |            |            | 28,612      | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                            |                                                     | 55,364     |            |            |            | 622,515     | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |                                                     |            |            |            |            |             | 73                    |
| 74    | f. MEDICARE                                      |                                                     |            |            |            |            | 94,588      | 74                    |
| 75    | g. OTHER                                         |                                                     | 30,600     |            | 27,993     | 64,503     | 372,024     | 75                    |
| 76    | h. M.D.O.                                        | 4                                                   |            |            |            |            |             | 76                    |
| 77    | TOTAL REVENUES                                   | X 28,470                                            | X 86,584   | X          | X 28,546   | X 64,503   | X 1,199,831 | 77                    |
| 80    | NET COST                                         | 2,538,757                                           | 135,580    | 20,000     | 116,607    | -0-        | 5,785,568   | 80                    |
| 82    | PATIENT DAYS OR VISITS                           | 32,850                                              | 3,246      | 290        | 2,344      | 1,661      | 109,256     | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$78.15                                             | \$68.44    | \$68.97    | \$61.93    | \$38.83    | \$73.09     | 85                    |







PROGRAM BUDGET  
MH 1904 ( 7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | Highland                                     | Crim. Just. | EAST OAKLAND COMMUNITY MENTAL HEALTH |            |            |            |            |            | TOTAL<br>9999 | ITEMS |
|-------|--------------------------------------------------|----------------------------------------------|-------------|--------------------------------------|------------|------------|------------|------------|------------|---------------|-------|
|       |                                                  | Psych. ER                                    | Screening   | EAST                                 | OAKLAND    | COMMUNITY  | MENTAL     | HEALTH     |            |               |       |
|       |                                                  | PROVIDER NUMBER<br>0101<br>COST CENTER<br>70 | 0101<br>71  | 0108<br>10                           | 0108<br>30 | 0108<br>40 | 0108<br>50 | 0108<br>60 | 0108<br>70 |               |       |
|       |                                                  |                                              |             |                                      |            |            |            |            | Subtotal   |               |       |
| 1     | SALARIES & EMP. BENEFIT                          | 1,427,422                                    | 277,430     | 28,833                               | 60,372     | 320,855    | 101,562    | 102,607    | 553        | 614,782       | 1     |
| 5     | OPERATING EXPENSES                               | 496,603                                      | 71,096      | 7,899                                | 16,540     | 87,904     | 27,825     | 28,111     | 151        | 168,430       | 5     |
| 10    | EQUIPMENT                                        |                                              |             |                                      |            |            |            |            |            |               | 10    |
| 15    | REMODELING                                       |                                              |             |                                      |            |            |            |            |            |               | 15    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       |                                              |             |                                      |            |            |            |            |            |               | 28    |
| 40    | CONTRACTS                                        |                                              |             |                                      |            |            |            |            |            |               | 40    |
| 45    | GROSS COST                                       | 2 1,924,025                                  | 348,526     | 36,732                               | 76,912     | 408,759    | 129,387    | 130,718    | 704        | 783,212       | 45    |
| 50    | SAVINGS                                          | 119,122                                      | 16,623      | 1,615                                | 3,382      | 17,977     | 5,690      | 5,749      | 32         | 34,445        | 50    |
| 51    | SUBTOTAL GROSS COST                              | 1,804,903                                    | 331,903     | 35,117                               | 73,530     | 390,782    | 123,697    | 124,969    | 672        | 748,767       | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 508,203                                      | 59,105      | 11,754                               | 24,614     | 130,813    | 41,407     | 41,833     | 226        | 250,647       | 62    |
| 65    | ADJUSTED GROSS COST                              | 2,313,106                                    | 391,008     | 46,871                               | 98,143     | 521,595    | 165,103    | 166,802    | 900        | 999,414       | 65    |
| 68    | REVENUES                                         |                                              |             |                                      |            |            |            |            |            |               | 68    |
| 69    | a. GRANTS                                        |                                              |             |                                      |            |            |            |            |            |               | 69    |
| 70    | b. PATIENT FEES                                  | 3 53,800                                     | 61          | 563                                  | 1,178      | 6,263      | 1,983      | 2,003      | 11         | 12,001        | 70    |
| 71    | c. PATIENT INSURANCE                             | 80,827                                       | 611         | 712                                  | 1,492      | 7,927      | 2,509      | 2,535      | 14         | 15,189        | 71    |
| 72    | d. MEDI-CAL / FEDERAL                            | 624,128                                      | 74,536      | 18,322                               | 33,359     | 203,866    | 64,532     | 65,195     | 351        | 390,625       | 72    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |                                              |             |                                      |            |            |            |            |            |               | 73    |
| 74    | f. MEDICARE                                      | 256,731                                      | 31,054      | 7,825                                | 16,832     | 87,066     | 27,560     | 27,843     | 150        | 166,826       | 74    |
| 75    | g. OTHER                                         | 525,000                                      | 200,000     |                                      |            |            |            |            |            |               | 75    |
| 76    | h. M.D.O.                                        | 4 8,261                                      |             |                                      |            | 23,704     |            |            |            | 23,704        | 76    |
| 77    | TOTAL REVENUES                                   | 1,548,747                                    | 306,262     | 27,422                               | 57,411     | 328,826    | 96,584     | 97,576     | 526        | 608,345       | 77    |
| 80    | NET COST                                         | 764,359                                      | 84,746      | 19,449                               | 40,732     | 192,769    | 68,519     | 69,226     | 374        | 391,069       | 80    |
| 82    | PATIENT DAYS OR VISITS                           | 9,400                                        | 8,322       | 666                                  | 1,168      | 6,487      | 3,167      | 3,370      | 8          | 14,866        | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$246.08                                     | \$46.98     | \$70.38                              | \$84.03    | \$80.41    | \$52.13    | \$49.50    | \$112.50   | \$67.23       | 85    |







PROGRAM BUDGET  
MII 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | E D E N | A D U L T | O U T P A T I E N T |          |          |           |   |   |   | TOTAL | I<br>T<br>E<br>M<br>S |
|-------|--------------------------------------------------|---------|-----------|---------------------|----------|----------|-----------|---|---|---|-------|-----------------------|
|       | PROVIDER NUMBER                                  | 0112    | 0112      | 0112                | 0112     | 0112     |           |   |   |   | 9999  |                       |
|       | COST CENTER                                      | 20      | 30        | 40                  | 50       | 60       | Subtotal  |   |   |   |       |                       |
| 1     | SALARIES & EMP. BENEFIT                          | 5,284   | 13,564    | 181,867             | 19,462   | 25,556   | 245,733   |   |   |   |       | 1                     |
| 5     | OPERATING EXPENSES                               | 1,463   | 3,759     | 50,402              | 5,394    | 7,083    | 68,101    |   |   |   |       | 5                     |
| 10    | EQUIPMENT                                        | 18      | 46        | 618                 | 66       | 87       | 835       |   |   |   |       | 10                    |
| 15    | REMODELING                                       |         |           |                     |          |          |           |   |   |   |       | 15                    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       |         |           |                     |          |          |           |   |   |   |       | 28                    |
| 40    | CONTRACTS                                        |         |           |                     |          |          |           |   |   |   |       | 40                    |
| 45    | GROSS COST                                       | 2 6,765 | 17,369    | 232,887             | 24,922   | 32,726   | 314,669   |   |   |   |       | 45                    |
| 50    | SAVINGS                                          | < 294   | X 755     | X 10,120            | X 1,083  | X 1,422  | X 13,674  | X | X | X | X     | 50                    |
| 51    | SUBTOTAL GROSS COST                              | 6,471   | 16,614    | 222,767             | 23,839   | 31,304   | 300,995   |   |   |   |       | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 2,207   | 5,664     | 75,946              | 8,127    | 10,672   | 102,616   |   |   |   |       | 62                    |
| 65    | ADJUSTED GROSS COST                              | 8,678   | 22,278    | 298,713             | 31,966   | 41,976   | 403,611   |   |   |   |       | 65                    |
| 68    | REVENUES                                         |         |           |                     |          |          |           |   |   |   |       | 68                    |
| 69    | a. GRANTS                                        |         |           |                     |          |          |           |   |   |   |       | 69                    |
| 70    | b. PATIENT FEES                                  | 3 167   | 430       | 5,761               | 616      | 810      | 7,784     |   |   |   |       | 70                    |
| 71    | c. PATIENT INSURANCE                             | 258     | 661       | 8,860               | 948      | 1,245    | 11,972    |   |   |   |       | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                            | 2,418   | 6,206     | 83,207              | 8,904    | 11,692   | 112,427   |   |   |   |       | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |         |           |                     |          |          |           |   |   |   |       | 73                    |
| 74    | f. MEDICARE                                      | 430     | 1,104     | 14,795              | 1,583    | 2,079    | 19,991    |   |   |   |       | 74                    |
| 75    | g. OTHER                                         |         |           |                     |          |          |           |   |   |   |       | 75                    |
| 76    | h. M.D.O.                                        | 4       |           | 5,361               |          |          | 5,361     |   |   |   |       | 76                    |
| 77    | TOTAL REVENUES                                   | < 3,273 | X 8,401   | X 117,984           | X 12,051 | X 15,826 | X 157,535 | X | X | X | X     | 77                    |
| 80    | NET COST                                         | 5,405   | 13,877    | 180,729             | 19,915   | 26,150   | 246,076   |   |   |   |       | 80                    |
| 82    | PATIENT DAYS OR VISITS                           | 190     | 291       | 3,900               | 898      | 1,419    | 6,698     |   |   |   |       | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$45.67 | \$76.56   | \$76.59             | \$35.60  | \$29.58  | \$60.26   |   |   |   |       | 85                    |







PROGRAM BUDGET  
MH 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | E D E N  | C H I L D R E N ' S | O U T P A T I E N T |         |         |          | Senior Outreach |  | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|----------|---------------------|---------------------|---------|---------|----------|-----------------|--|---------------|-----------------------|
|       | PROVIDER NUMBER                                    | 0112     | 0112                | 0112                | 0112    | 0112    |          | 0114            |  |               |                       |
|       | COST CENTER                                        | 11       | 31                  | 41                  | 51      | 61      | Subtotal | 70              |  |               |                       |
| 1     | SALARIES & EMP. BENEFIT                            | 52,732   | 1,754               | 146,378             | 18,199  | 197     | 219,260  | 50,753          |  |               | 1                     |
| 5     | OPERATING EXPENSES                                 | 8,201    | 273                 | 22,765              | 2,830   | 31      | 34,100   | 12,207          |  |               | 5                     |
| 10    | EQUIPMENT                                          |          |                     |                     |         |         |          |                 |  |               | 10                    |
| 15    | REMODELING                                         |          |                     |                     |         |         |          |                 |  |               | 15                    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                         |          |                     |                     |         |         |          |                 |  |               | 28                    |
| 40    | CONTRACTS                                          |          |                     |                     |         |         |          |                 |  |               | 40                    |
| 45    | GROSS COST                                         | 2 60,933 | 2,027               | 169,143             | 21,029  | 228     | 253,360  | 62,960          |  |               | 45                    |
| 50    | SAVINGS                                            | 2,954    | 98                  | 8,198               | 1,019   | 11      | 12,280   | 3,156           |  |               | 50                    |
| 51    | SUBTOTAL GROSS COST                                | 57,979   | 1,929               | 160,945             | 20,010  | 217     | 241,080  | 59,804          |  |               | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION | 22,008   | 732                 | 61,091              | 7,595   | 82      | 91,508   | 14,016          |  |               | 62                    |
| 65    | ADJUSTED GROSS COST                                | 79,987   | 2,661               | 222,036             | 27,605  | 299     | 332,588  | 73,820          |  |               | 65                    |
| 68    | REVENUES                                           |          |                     |                     |         |         |          |                 |  |               | 68                    |
| 69    | a. GRANTS                                          |          |                     |                     |         |         |          |                 |  |               | 69                    |
| 70    | b. PATIENT FEES                                    | 3 1,578  | 53                  | 4,381               | 545     | 6       | 6,563    | 888             |  |               | 70                    |
| 71    | c. PATIENT INSURANCE                               | 6,719    | 224                 | 18,653              | 2,319   | 25      | 27,940   | 1,423           |  |               | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                              | 23,639   | 786                 | 65,617              | 8,158   | 88      | 98,288   |                 |  |               | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                          |          |                     |                     |         |         |          |                 |  |               | 73                    |
| 74    | f. MEDICARE                                        |          |                     |                     |         |         |          | 5,264           |  |               | 74                    |
| 75    | g. OTHER                                           |          |                     |                     |         |         |          |                 |  |               | 75                    |
| 76    | h. M.D.O.                                          | 4        |                     |                     |         |         |          |                 |  |               | 76                    |
| 77    | TOTAL REVENUES                                     | 31,936   | 1,063               | 88,651              | 11,022  | 119     | 132,791  | 7,575           |  |               | 77                    |
| 80    | NET COST                                           | 48,051   | 1,598               | 133,385             | 16,593  | 180     | 199,797  | 66,245          |  |               | 80                    |
| 82    | PATIENT DAYS OR VISITS                             | 1,109    | 32                  | 2,762               | 530     | 5       | 4,438    | 470             |  |               | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | \$72.13  | \$83.16             | \$80.39             | \$52.08 | \$59.80 | \$74.94  | \$157.06        |  |               | 85                    |







## PROGRAM BUDGET

MII 1904 ( 7/82)

 01 PROGRAM TYPE  
01 REGULAR

 15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | GUIDANCE | CLINIC/DEPENDENT | CHILDREN'S | UNIT    |         |          |          | TOTAL | ITEMS |
|-------|--------------------------------------------------|----------|------------------|------------|---------|---------|----------|----------|-------|-------|
|       | PROVIDER NUMBER                                  | 0119     | 0119             | 0119       | 0119    | 0119    | 0119     |          | 9999  |       |
|       | COST CENTER                                      | 10       | 30               | 40         | 50      | 60      | 70       | Subtotal |       |       |
| 1     | SALARIES & EMP. BENEFIT                          | 4,706    | 10,702           | 47,605     | 2,629   | 530     | 164,473  | 230,645  |       | 1     |
| 5     | OPERATING EXPENSES                               | 722      | 1,643            | 7,307      | 404     | 81      | 25,246   | 35,403   |       | 5     |
| 10    | EQUIPMENT                                        |          |                  |            |         |         |          |          |       | 10    |
| 15    | REMODELING                                       |          |                  |            |         |         |          |          |       | 15    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       |          |                  |            |         |         |          |          |       | 28    |
| 40    | CONTRACTS                                        |          |                  |            |         |         |          |          |       | 40    |
| 45    | GROSS COST                                       | 2 5,428  | 12,345           | 54,912     | 3,033   | 611     | 189,719  | 266,048  |       | 45    |
| 50    | SAVINGS                                          | < 263    | X 599            | X 2,664    | X 147   | X 30    | X 9,203  | X 12,906 | X     | 50    |
| 51    | SUBTOTAL GROSS COST                              | 5,165    | 11,746           | 52,248     | 2,886   | 581     | 180,516  | 253,142  |       | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 770      | 1,751            | 7,788      | 430     | 87      | 26,909   | 37,735   |       | 62    |
| 65    | ADJUSTED GROSS COST                              | 5,935    | 13,497           | 60,036     | 3,316   | 668     | 207,425  | 290,877  |       | 65    |
| 68    | REVENUES                                         |          |                  |            |         |         |          |          |       | 68    |
| 69    | a. GRANTS                                        |          |                  |            |         |         |          |          |       | 69    |
| 70    | b. PATIENT FEES                                  | 3 7      | 14               | .62        | 3       | -       | 215      | .301     |       | 70    |
| 71    | c. PATIENT INSURANCE                             | 22       | 53               | 234        | 13      | 3       | 808      | 1133     |       | 71    |
| 72    | d. MEDI-CAL / FEDERAL                            | 986      | 2,242            | 9,974      | 551     | 111     | 34,461   | 48,325   |       | 72    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |          |                  |            |         |         |          |          |       | 73    |
| 74    | f. MEDICARE                                      |          |                  |            |         |         |          |          |       | 74    |
| 75    | g. OTHER                                         | 506      | 1,151            | 5,121      | 283     | 57      | 17,693   | 24,811   |       | 75    |
| 76    | h. M.D.O.                                        | 4        |                  |            |         |         |          |          |       | 76    |
| 77    | TOTAL REVENUES                                   | < 1,521  | X 3,460          | X 15,391   | X 850   | X 171   | X 53,177 | X 74,570 | X     | 77    |
| 80    | NET COST                                         | 4,414    | 10,037           | 44,645     | 2,466   | 497     | 154,248  | 216,307  |       | 80    |
| 82    | PATIENT DAYS OR VISITS                           | 236      | 192              | 1,186      | 130     | 21      | 4,047    | 5,812    |       | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$25.15  | \$70.30          | \$50.62    | \$25.51 | \$31.81 | \$51.25  | \$50.05  |       | 85    |



1. Name of the person  
2. Date of birth  
3. Place of birth

4. Nationality  
5. Sex  
6. Marital status

7. Occupation  
8. Address

9. Signature  
10. Date

| Personal Data |             | Family Data |             | Education Data |             | Employment Data |             | Social Data |             | Health Data |             |
|---------------|-------------|-------------|-------------|----------------|-------------|-----------------|-------------|-------------|-------------|-------------|-------------|
| No.           | Name        | No.         | Name        | No.            | Name        | No.             | Name        | No.         | Name        | No.         | Name        |
| 1             | John Doe    | 1           | John Doe    | 1              | John Doe    | 1               | John Doe    | 1           | John Doe    | 1           | John Doe    |
| 2             | Jane Doe    | 2           | Jane Doe    | 2              | Jane Doe    | 2               | Jane Doe    | 2           | Jane Doe    | 2           | Jane Doe    |
| 3             | Bob Doe     | 3           | Bob Doe     | 3              | Bob Doe     | 3               | Bob Doe     | 3           | Bob Doe     | 3           | Bob Doe     |
| 4             | Alice Doe   | 4           | Alice Doe   | 4              | Alice Doe   | 4               | Alice Doe   | 4           | Alice Doe   | 4           | Alice Doe   |
| 5             | Charlie Doe | 5           | Charlie Doe | 5              | Charlie Doe | 5               | Charlie Doe | 5           | Charlie Doe | 5           | Charlie Doe |
| 6             | Diana Doe   | 6           | Diana Doe   | 6              | Diana Doe   | 6               | Diana Doe   | 6           | Diana Doe   | 6           | Diana Doe   |
| 7             | Frank Doe   | 7           | Frank Doe   | 7              | Frank Doe   | 7               | Frank Doe   | 7           | Frank Doe   | 7           | Frank Doe   |
| 8             | Grace Doe   | 8           | Grace Doe   | 8              | Grace Doe   | 8               | Grace Doe   | 8           | Grace Doe   | 8           | Grace Doe   |
| 9             | Henry Doe   | 9           | Henry Doe   | 9              | Henry Doe   | 9               | Henry Doe   | 9           | Henry Doe   | 9           | Henry Doe   |
| 10            | Ivy Doe     | 10          | Ivy Doe     | 10             | Ivy Doe     | 10              | Ivy Doe     | 10          | Ivy Doe     | 10          | Ivy Doe     |
| 11            | Jack Doe    | 11          | Jack Doe    | 11             | Jack Doe    | 11              | Jack Doe    | 11          | Jack Doe    | 11          | Jack Doe    |
| 12            | Karen Doe   | 12          | Karen Doe   | 12             | Karen Doe   | 12              | Karen Doe   | 12          | Karen Doe   | 12          | Karen Doe   |
| 13            | Leo Doe     | 13          | Leo Doe     | 13             | Leo Doe     | 13              | Leo Doe     | 13          | Leo Doe     | 13          | Leo Doe     |
| 14            | Mia Doe     | 14          | Mia Doe     | 14             | Mia Doe     | 14              | Mia Doe     | 14          | Mia Doe     | 14          | Mia Doe     |
| 15            | Noah Doe    | 15          | Noah Doe    | 15             | Noah Doe    | 15              | Noah Doe    | 15          | Noah Doe    | 15          | Noah Doe    |
| 16            | Olivia Doe  | 16          | Olivia Doe  | 16             | Olivia Doe  | 16              | Olivia Doe  | 16          | Olivia Doe  | 16          | Olivia Doe  |
| 17            | Peter Doe   | 17          | Peter Doe   | 17             | Peter Doe   | 17              | Peter Doe   | 17          | Peter Doe   | 17          | Peter Doe   |
| 18            | Quinn Doe   | 18          | Quinn Doe   | 18             | Quinn Doe   | 18              | Quinn Doe   | 18          | Quinn Doe   | 18          | Quinn Doe   |
| 19            | Rachel Doe  | 19          | Rachel Doe  | 19             | Rachel Doe  | 19              | Rachel Doe  | 19          | Rachel Doe  | 19          | Rachel Doe  |
| 20            | Samuel Doe  | 20          | Samuel Doe  | 20             | Samuel Doe  | 20              | Samuel Doe  | 20          | Samuel Doe  | 20          | Samuel Doe  |
| 21            | Tina Doe    | 21          | Tina Doe    | 21             | Tina Doe    | 21              | Tina Doe    | 21          | Tina Doe    | 21          | Tina Doe    |
| 22            | Uma Doe     | 22          | Uma Doe     | 22             | Uma Doe     | 22              | Uma Doe     | 22          | Uma Doe     | 22          | Uma Doe     |
| 23            | Victor Doe  | 23          | Victor Doe  | 23             | Victor Doe  | 23              | Victor Doe  | 23          | Victor Doe  | 23          | Victor Doe  |
| 24            | Wendy Doe   | 24          | Wendy Doe   | 24             | Wendy Doe   | 24              | Wendy Doe   | 24          | Wendy Doe   | 24          | Wendy Doe   |
| 25            | Xavier Doe  | 25          | Xavier Doe  | 25             | Xavier Doe  | 25              | Xavier Doe  | 25          | Xavier Doe  | 25          | Xavier Doe  |
| 26            | Yara Doe    | 26          | Yara Doe    | 26             | Yara Doe    | 26              | Yara Doe    | 26          | Yara Doe    | 26          | Yara Doe    |
| 27            | Zoe Doe     | 27          | Zoe Doe     | 27             | Zoe Doe     | 27              | Zoe Doe     | 27          | Zoe Doe     | 27          | Zoe Doe     |
| 28            | Adam Doe    | 28          | Adam Doe    | 28             | Adam Doe    | 28              | Adam Doe    | 28          | Adam Doe    | 28          | Adam Doe    |
| 29            | Eve Doe     | 29          | Eve Doe     | 29             | Eve Doe     | 29              | Eve Doe     | 29          | Eve Doe     | 29          | Eve Doe     |
| 30            | Frank Doe   | 30          | Frank Doe   | 30             | Frank Doe   | 30              | Frank Doe   | 30          | Frank Doe   | 30          | Frank Doe   |
| 31            | Grace Doe   | 31          | Grace Doe   | 31             | Grace Doe   | 31              | Grace Doe   | 31          | Grace Doe   | 31          | Grace Doe   |
| 32            | Henry Doe   | 32          | Henry Doe   | 32             | Henry Doe   | 32              | Henry Doe   | 32          | Henry Doe   | 32          | Henry Doe   |
| 33            | Ivy Doe     | 33          | Ivy Doe     | 33             | Ivy Doe     | 33              | Ivy Doe     | 33          | Ivy Doe     | 33          | Ivy Doe     |
| 34            | Jack Doe    | 34          | Jack Doe    | 34             | Jack Doe    | 34              | Jack Doe    | 34          | Jack Doe    | 34          | Jack Doe    |
| 35            | Karen Doe   | 35          | Karen Doe   | 35             | Karen Doe   | 35              | Karen Doe   | 35          | Karen Doe   | 35          | Karen Doe   |
| 36            | Leo Doe     | 36          | Leo Doe     | 36             | Leo Doe     | 36              | Leo Doe     | 36          | Leo Doe     | 36          | Leo Doe     |
| 37            | Mia Doe     | 37          | Mia Doe     | 37             | Mia Doe     | 37              | Mia Doe     | 37          | Mia Doe     | 37          | Mia Doe     |
| 38            | Noah Doe    | 38          | Noah Doe    | 38             | Noah Doe    | 38              | Noah Doe    | 38          | Noah Doe    | 38          | Noah Doe    |
| 39            | Olivia Doe  | 39          | Olivia Doe  | 39             | Olivia Doe  | 39              | Olivia Doe  | 39          | Olivia Doe  | 39          | Olivia Doe  |
| 40            | Peter Doe   | 40          | Peter Doe   | 40             | Peter Doe   | 40              | Peter Doe   | 40          | Peter Doe   | 40          | Peter Doe   |
| 41            | Quinn Doe   | 41          | Quinn Doe   | 41             | Quinn Doe   | 41              | Quinn Doe   | 41          | Quinn Doe   | 41          | Quinn Doe   |
| 42            | Rachel Doe  | 42          | Rachel Doe  | 42             | Rachel Doe  | 42              | Rachel Doe  | 42          | Rachel Doe  | 42          | Rachel Doe  |
| 43            | Samuel Doe  | 43          | Samuel Doe  | 43             | Samuel Doe  | 43              | Samuel Doe  | 43          | Samuel Doe  | 43          | Samuel Doe  |
| 44            | Tina Doe    | 44          | Tina Doe    | 44             | Tina Doe    | 44              | Tina Doe    | 44          | Tina Doe    | 44          | Tina Doe    |
| 45            | Uma Doe     | 45          | Uma Doe     | 45             | Uma Doe     | 45              | Uma Doe     | 45          | Uma Doe     | 45          | Uma Doe     |
| 46            | Victor Doe  | 46          | Victor Doe  | 46             | Victor Doe  | 46              | Victor Doe  | 46          | Victor Doe  | 46          | Victor Doe  |
| 47            | Wendy Doe   | 47          | Wendy Doe   | 47             | Wendy Doe   | 47              | Wendy Doe   | 47          | Wendy Doe   | 47          | Wendy Doe   |
| 48            | Xavier Doe  | 48          | Xavier Doe  | 48             | Xavier Doe  | 48              | Xavier Doe  | 48          | Xavier Doe  | 48          | Xavier Doe  |
| 49            | Yara Doe    | 49          | Yara Doe    | 49             | Yara Doe    | 49              | Yara Doe    | 49          | Yara Doe    | 49          | Yara Doe    |
| 50            | Zoe Doe     | 50          | Zoe Doe     | 50             | Zoe Doe     | 50              | Zoe Doe     | 50          | Zoe Doe     | 50          | Zoe Doe     |



PROGRAM BUDGET  
 MH 1904 (7/82)

 01 PROGRAM TYPE  
 01 REGULAR

 15 MODE OF SERVICE  
 05 24-HOUR CARE  
 10 PARTIAL DAY CARE  
 15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
 01 SEPT. SUBMISSION  
 02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | CENTRAL OAKLAND COMMUNITY MENTAL HEALTH |         |         |         |         | TOTAL<br>9999 | T<br>E<br>M<br>S |
|-------|--------------------------------------------------|-----------------------------------------|---------|---------|---------|---------|---------------|------------------|
|       | PROVIDER NUMBER                                  | 0120                                    | 0120    | 0120    | 0120    | 0120    |               |                  |
|       | COST CENTER                                      | 10                                      | 30      | 40      | 50      | 60      | Subtotal      |                  |
| 1     | SALARIES & EMP. BENEFIT                          | 13,764                                  | 24,669  | 273,988 | 10,523  | 58,336  | 381,280       | 1                |
| 5     | OPERATING EXPENSES                               | 4,022                                   | 7,210   | 80,078  | 3,076   | 17,050  | 111,436       | 5                |
| 10    | EQUIPMENT                                        |                                         |         |         |         |         |               | 10               |
| 15    | REMODELING                                       |                                         |         |         |         |         |               | 15               |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       |                                         |         |         |         |         |               | 28               |
| 40    | CONTRACTS                                        |                                         |         |         |         |         |               | 40               |
| 45    | GROSS COST                                       | 2 17,786                                | 31,879  | 354,066 | 13,599  | 75,386  | 492,716       | 45               |
| 50    | SAVINGS                                          | 770                                     | 1,381   | 15,334  | 589     | 3,265   | 21,339        | 50               |
| 51    | SUBTOTAL GROSS COST                              | 17,016                                  | 30,498  | 338,732 | 13,010  | 72,121  | 471,377       | 51               |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 5,505                                   | 9,866   | 109,580 | 4,209   | 23,331  | 152,491       | 62               |
| 65    | ADJUSTED GROSS COST                              | 22,521                                  | 40,364  | 448,312 | 17,219  | 95,452  | 623,868       | 65               |
| 68    | REVENUES                                         |                                         |         |         |         |         |               | 68               |
| 69    | a. GRANTS                                        |                                         |         |         |         |         |               | 69               |
| 70    | b. PATIENT FEES                                  | 3 192                                   | 344     | 3,819   | 147     | 813     | 5,315         | 70               |
| 71    | c. PATIENT INSURANCE                             | 277                                     | 495     | 5,497   | 211     | 1,170   | 7,650         | 71               |
| 72    | d. MEDI-CAL / FEDERAL                            | 8,042                                   | 15,847  | 176,006 | 6,760   | 37,474  | 244,929       | 72               |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |                                         |         |         |         |         |               | 73               |
| 74    | f. MEDICARE                                      | 1,213                                   | 2,174   | 24,151  | 928     | 5,142   | 33,608        | 74               |
| 75    | g. OTHER                                         |                                         |         |         |         |         |               | 75               |
| 76    | h. M.D.O.                                        | 4 6,961                                 |         | 6,961   |         | 6,961   |               | 76               |
| 77    | TOTAL REVENUES                                   | 10,524                                  | 18,860  | 216,434 | 8,046   | 44,599  | 298,463       | 77               |
| 80    | NET COST                                         | 11,997                                  | 21,504  | 231,878 | 9,173   | 50,853  | 325,405       | 80               |
| 82    | PATIENT DAYS OR VISITS                           | 412                                     | 520     | 6,119   | 330     | 3,690   | 11,071        | 82               |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$54.66                                 | \$77.62 | \$73.27 | \$52.18 | \$25.87 | \$56.35       | 85               |







PROGRAM BUDGET  
MH 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | NORTH   | REGION  | FAMILY  | AND     | CHILD   |          |   |   |   | TOTAL | ITEMS |
|-------|--------------------------------------------------|---------|---------|---------|---------|---------|----------|---|---|---|-------|-------|
|       | PROVIDER NUMBER                                  | 0120    | 0120    | 0120    | 0120    | 0120    |          |   |   |   | 9999  |       |
|       | COST CENTER                                      | 11      | 31      | 41      | 51      | 61      | Subtotal |   |   |   |       |       |
| 1     | SALARIES & EMP. BENEFIT                          | 34,745  | 39,357  | 99,343  | 786     | 454     | 174,685  |   |   |   |       | 1     |
| 5     | OPERATING EXPENSES                               | 794     | 899     | 2,269   | 18      | 10      | 3,990    |   |   |   |       | 5     |
| 10    | EQUIPMENT                                        |         |         |         |         |         |          |   |   |   |       | 10    |
| 15    | REMODELING                                       |         |         |         |         |         |          |   |   |   |       | 15    |
| 28    | NEG/FEE FOR SVC.CONTRACTS                        |         |         |         |         |         |          |   |   |   |       | 28    |
| 40    | CONTRACTS                                        |         |         |         |         |         |          |   |   |   |       | 40    |
| 45    | GROSS COST                                       | 35,539  | 40,256  | 101,612 | 804     | 464     | 178,675  |   |   |   |       | 45    |
| 50    | SAVINGS                                          | 2,137   | 2,419   | 6,107   | 48      | 28      | 10,739   | X | X | X | X     | 50    |
| 51    | SUBTOTAL GROSS COST                              | 33,402  | 37,837  | 95,505  | 756     | 436     | 167,936  |   |   |   |       | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 13,910  | 15,757  | 39,773  | 315     | 182     | 69,937   |   |   |   |       | 62    |
| 65    | ADJUSTED GROSS COST                              | 47,312  | 53,594  | 135,278 | 1,071   | 618     | 237,873  |   |   |   |       | 65    |
| 68    | REVENUES                                         |         |         |         |         |         |          |   |   |   |       | 68    |
| 69    | a. GRANTS                                        |         |         |         |         |         |          |   |   |   |       | 69    |
| 70    | b. PATIENT FEES                                  | 574     | 651     | 1,644   | 13      | 8       | 2,890    |   |   |   |       | 70    |
| 71    | c. PATIENT INSURANCE                             | 197     | 222     | 561     | 4       | 3       | 987      |   |   |   |       | 71    |
| 72    | d. MEDI-CAL / FEDERAL                            | 11,404  | 12,918  | 32,606  | 258     | 149     | 57,335   |   |   |   |       | 72    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |         |         |         |         |         |          |   |   |   |       | 73    |
| 74    | f. MEDICARE                                      |         |         |         |         |         |          |   |   |   |       | 74    |
| 75    | g. OTHER                                         |         |         |         |         |         |          |   |   |   |       | 75    |
| 76    | h. M.D.O.                                        |         |         |         |         |         |          |   |   |   |       | 76    |
| 77    | TOTAL REVENUES                                   | 12,175  | 13,791  | 34,811  | 275     | 160     | 61,212   | X | X | X | X     | 77    |
| 80    | NET COST                                         | 35,137  | 39,803  | 100,467 | 796     | 458     | 176,661  |   |   |   |       | 80    |
| 82    | PATIENT DAYS OR VISITS                           | 656     | 678     | 1,683   | 21      | 15      | 3,053    |   |   |   |       | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$72.12 | \$79.05 | \$80.38 | \$51.00 | \$41.20 | \$77.91  |   |   |   |       | 85    |







PROGRAM BUDGET  
MH 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | T R I - C I T Y A D U L T O U T P A T I E N T |         |         |         |          | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|-----------------------------------------------|---------|---------|---------|----------|---------------|-----------------------|
|       | PROVIDER NUMBER                                    | 0122                                          | 0122    | 0122    | 0122    | 0122     |               |                       |
|       | COST CENTER                                        | 10                                            | 30      | 40      | 50      | 60       |               |                       |
|       |                                                    |                                               |         |         |         | Subtotal |               |                       |
| 1     | SALARIES & EMP. BENEFIT                            | 6,146                                         | 27,331  | 167,855 | 5,409   | 30,510   | 237,251       | 1                     |
| 5     | OPERATING EXPENSES                                 | 1,137                                         | 5,055   | 31,047  | 1,001   | 5,643    | 43,883        | 5                     |
| 10    | EQUIPMENT                                          | 2                                             | 67      | 423     | 13      | 75       | 580           | 10                    |
| 15    | REMODELING                                         |                                               |         |         |         |          |               | 15                    |
| 28    | NEG/FEE FOR SVC.CONTRACTS                          |                                               |         |         |         |          |               | 28                    |
| 40    | CONTRACTS                                          |                                               |         |         |         |          |               | 40                    |
| 45    | GROSS COST                                         | 2 7,285                                       | 32,453  | 199,325 | 6,423   | 36,228   | 281,714       | 45                    |
| 50    | SAVINGS                                            | 344                                           | 1,528   | 9,386   | 302     | 1,706    | 13,266        | 50                    |
| 51    | SUBTOTAL GROSS COST                                | 6,941                                         | 30,925  | 189,939 | 6,121   | 34,522   | 268,448       | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION | 2,539                                         | 11,311  | 69,472  | 2,239   | 12,627   | 98,188        | 62                    |
| 65    | ADJUSTED GROSS COST                                | 9,480                                         | 42,236  | 259,411 | 8,360   | 47,149   | 366,636       | 65                    |
| 68    | REVENUES                                           |                                               |         |         |         |          |               | 68                    |
| 69    | a. GRANTS                                          |                                               |         |         |         |          |               | 69                    |
| 70    | b. PATIENT FEES                                    | 3 157                                         | 701     | 4,304   | 139     | 782      | 6,083         | 70                    |
| 71    | c. PATIENT INSURANCE                               | 283                                           | 1,282   | 7,873   | 254     | 1,431    | 11,128        | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                              | 2,951                                         | 12,682  | 77,887  | 2,510   | 14,157   | 110,087       | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                          |                                               |         |         |         |          |               | 73                    |
| 74    | f. MEDICARE                                        | 420                                           | 1,865   | 11,457  | 369     | 2,002    | 16,193        | 74                    |
| 75    | g. OTHER                                           |                                               |         |         |         |          |               | 75                    |
| 76    | h. M.D.O.                                          | 4                                             |         | 4,359   |         |          | 4,359         | 76                    |
| 77    | TOTAL REVENUES                                     | 3,716                                         | 16,530  | 105,880 | 3,272   | 18,452   | 147,850       | 77                    |
| 80    | NET COST                                           | 5,764                                         | 25,706  | 153,531 | 5,088   | 28,697   | 218,786       | 80                    |
| 82    | PATIENT DAYS OR VISITS                             | 170                                           | 503     | 3,226   | 161     | 1,030    | 5,090         | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | \$55.76                                       | \$83.97 | \$80.41 | \$51.93 | \$45.78  | \$72.03       | 85                    |



1. Name of the person  
2. Date of birth  
3. Place of birth

4. Sex  
5. Marital status  
6. Occupation

7. Address  
8. Contact details

9. Signature  
10. Stamp

| Personal Information |            | Identification |              | Contact Details |                             | Medical History |          | Insurance |      | Emergency Contact |              |
|----------------------|------------|----------------|--------------|-----------------|-----------------------------|-----------------|----------|-----------|------|-------------------|--------------|
| Name                 | DOB        | ID No.         | Passport No. | Phone           | Email                       | Current         | Previous | Health    | Life | Name              | Relationship |
| John Doe             | 1980-01-15 | 123456789      | 987654321    | 0123 456789     | john.doe@example.com        | None            | None     | None      | None | John Smith        | Spouse       |
| Jane Doe             | 1985-03-22 | 987654321      | 123456789    | 0987 654321     | jane.doe@example.com        | None            | None     | None      | None | John Smith        | Spouse       |
| Michael Doe          | 1990-07-10 | 456789123      | 321098765    | 0456 789123     | michael.doe@example.com     | None            | None     | None      | None | John Smith        | Spouse       |
| Emily Doe            | 1995-11-05 | 321098765      | 654321098    | 0321 098765     | emily.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| David Doe            | 2000-05-18 | 654321098      | 987654321    | 0654 321098     | david.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Alice Doe            | 1982-09-01 | 789123456      | 210987654    | 0789 123456     | alice.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Robert Doe           | 1988-12-12 | 210987654      | 543210987    | 0210 987654     | robert.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| Olivia Doe           | 1992-04-25 | 543210987      | 876543210    | 0543 210987     | olivia.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| William Doe          | 1998-08-08 | 876543210      | 109876543    | 0876 543210     | william.doe@example.com     | None            | None     | None      | None | John Smith        | Spouse       |
| Sophia Doe           | 2002-02-14 | 109876543      | 432109876    | 0109 876543     | sophia.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| James Doe            | 1987-06-03 | 432109876      | 765432109    | 0432 109876     | james.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Isabella Doe         | 1993-10-20 | 765432109      | 098765432    | 0765 432109     | isabella.doe@example.com    | None            | None     | None      | None | John Smith        | Spouse       |
| Benjamin Doe         | 1999-01-28 | 098765432      | 321098765    | 0987 654321     | benjamin.doe@example.com    | None            | None     | None      | None | John Smith        | Spouse       |
| Maria Doe            | 1984-05-11 | 321098765      | 654321098    | 0321 098765     | maria.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Christopher Doe      | 1991-09-24 | 654321098      | 987654321    | 0654 321098     | christopher.doe@example.com | None            | None     | None      | None | John Smith        | Spouse       |
| Alexandra Doe        | 1996-12-07 | 987654321      | 210987654    | 0987 654321     | alexandra.doe@example.com   | None            | None     | None      | None | John Smith        | Spouse       |
| Matthew Doe          | 2001-03-19 | 210987654      | 543210987    | 0210 987654     | matthew.doe@example.com     | None            | None     | None      | None | John Smith        | Spouse       |
| Grace Doe            | 1989-07-02 | 543210987      | 876543210    | 0543 210987     | grace.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Anthony Doe          | 1994-11-15 | 876543210      | 109876543    | 0876 543210     | anthony.doe@example.com     | None            | None     | None      | None | John Smith        | Spouse       |
| Chloe Doe            | 2000-04-28 | 109876543      | 432109876    | 0109 876543     | chloe.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Daniel Doe           | 1986-08-10 | 432109876      | 765432109    | 0432 109876     | daniel.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| Evelyn Doe           | 1992-12-23 | 765432109      | 098765432    | 0765 432109     | evelyn.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| Frederick Doe        | 1997-05-06 | 098765432      | 321098765    | 0987 654321     | frederick.doe@example.com   | None            | None     | None      | None | John Smith        | Spouse       |
| Georgia Doe          | 2003-09-18 | 321098765      | 654321098    | 0321 098765     | georgia.doe@example.com     | None            | None     | None      | None | John Smith        | Spouse       |
| Henry Doe            | 1981-01-01 | 654321098      | 987654321    | 0654 321098     | henry.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Ivy Doe              | 1987-05-14 | 987654321      | 210987654    | 0987 654321     | ivy.doe@example.com         | None            | None     | None      | None | John Smith        | Spouse       |
| Jack Doe             | 1993-09-27 | 210987654      | 543210987    | 0210 987654     | jack.doe@example.com        | None            | None     | None      | None | John Smith        | Spouse       |
| Karen Doe            | 1999-12-10 | 543210987      | 876543210    | 0543 210987     | karen.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Leo Doe              | 2004-03-23 | 876543210      | 109876543    | 0876 543210     | leo.doe@example.com         | None            | None     | None      | None | John Smith        | Spouse       |
| Mia Doe              | 1983-07-05 | 109876543      | 432109876    | 0109 876543     | mia.doe@example.com         | None            | None     | None      | None | John Smith        | Spouse       |
| Noah Doe             | 1989-11-18 | 432109876      | 765432109    | 0432 109876     | noah.doe@example.com        | None            | None     | None      | None | John Smith        | Spouse       |
| Oliver Doe           | 1995-03-01 | 765432109      | 098765432    | 0765 432109     | oliver.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| Peter Doe            | 2001-07-14 | 098765432      | 321098765    | 0987 654321     | peter.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Quinn Doe            | 1985-11-27 | 321098765      | 654321098    | 0321 098765     | quinn.doe@example.com       | None            | None     | None      | None | John Smith        | Spouse       |
| Rachel Doe           | 1991-01-10 | 654321098      | 987654321    | 0654 321098     | rachel.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| Samuel Doe           | 1997-05-23 | 987654321      | 210987654    | 0987 654321     | samuel.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| Tina Doe             | 2003-09-06 | 210987654      | 543210987    | 0210 987654     | tina.doe@example.com        | None            | None     | None      | None | John Smith        | Spouse       |
| Umar Doe             | 1980-12-19 | 543210987      | 876543210    | 0543 210987     | umar.doe@example.com        | None            | None     | None      | None | John Smith        | Spouse       |
| Victoria Doe         | 1986-04-02 | 876543210      | 109876543    | 0876 543210     | victoria.doe@example.com    | None            | None     | None      | None | John Smith        | Spouse       |
| Walter Doe           | 1992-08-15 | 109876543      | 432109876    | 0109 876543     | walter.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| Xavier Doe           | 1998-12-28 | 432109876      | 765432109    | 0432 109876     | xavier.doe@example.com      | None            | None     | None      | None | John Smith        | Spouse       |
| Yara Doe             | 2004-06-11 | 765432109      | 098765432    | 0765 432109     | yara.doe@example.com        | None            | None     | None      | None | John Smith        | Spouse       |
| Zoe Doe              | 1982-10-24 | 098765432      | 321098765    | 0987 654321     | zoe.doe@example.com         | None            | None     | None      | None | John Smith        | Spouse       |



PROGRAM BUDGET  
 MH 1904 (7/82)

 01 PROGRAM TYPE  
 01 REGULAR

 15 MODE OF SERVICE  
 05 24-HOUR CARE  
 10 PARTIAL DAY CARE  
 15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
 01 SEPT. SUBMISSION  
 02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | TRI - C | ITY     | CHILDREN | N'S OUT | PATIENT |          |  |  |  | TOTAL | ITEMS |
|-------|--------------------------------------------------|---------|---------|----------|---------|---------|----------|--|--|--|-------|-------|
|       | PROVIDER NUMBER                                  | 0122    | 0122    | 0122     | 0122    | 0122    |          |  |  |  | 9999  |       |
|       | COST CENTER                                      | 11      | 31      | 41       | 51      | 61      | Subtotal |  |  |  |       |       |
| 1     | SALARIES & EMP. BENEFIT                          | 6,578   | 4,745   | 21,322   | 8,353   | 662     | 41,660   |  |  |  |       | 1     |
| 5     | OPERATING EXPENSES                               | 6,619   | 4,775   | 21,456   | 8,405   | 667     | 41,922   |  |  |  |       | 5     |
| 10    | EQUIPMENT                                        |         |         |          |         |         |          |  |  |  |       | 10    |
| 15    | REMODELING                                       |         |         |          |         |         |          |  |  |  |       | 15    |
| 28    | NEG/FEE FOR SVC.CONTRACTS                        |         |         |          |         |         |          |  |  |  |       | 28    |
| 40    | CONTRACTS                                        |         |         |          |         |         |          |  |  |  |       | 40    |
| 45    | GROSS COST                                       | 13,197  | 9,520   | 42,778   | 16,758  | 1,329   | 83,582   |  |  |  |       | 45    |
| 50    | SAVINGS                                          | 363     | 262     | 1,178    | 461     | 37      | 2,301    |  |  |  |       | 50    |
| 51    | SUBTOTAL GROSS COST                              | 12,834  | 9,258   | 41,600   | 16,297  | 1,292   | 81,281   |  |  |  |       | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 2,719   | 1,961   | 8,812    | 3,452   | 274     | 17,218   |  |  |  |       | 62    |
| 65    | ADJUSTED GROSS COST                              | 15,553  | 11,219  | 50,412   | 19,749  | 1,566   | 98,499   |  |  |  |       | 65    |
| 68    | REVENUES                                         |         |         |          |         |         |          |  |  |  |       | 68    |
| 69    | a. GRANTS                                        |         |         |          |         |         |          |  |  |  |       | 69    |
| 70    | b. PATIENT FEES                                  | 455     | 327     | 1,471    | 576     | 46      | 2,875    |  |  |  |       | 70    |
| 71    | c. PATIENT INSURANCE                             | 358     | 258     | 1,159    | 454     | 36      | 2,265    |  |  |  |       | 71    |
| 72    | d. MEDI-CAL / FEDERAL                            | 9,118   | 6,577   | 29,553   | 11,578  | 910     | 57,744   |  |  |  |       | 72    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |         |         |          |         |         |          |  |  |  |       | 73    |
| 74    | f. MEDICARE                                      |         |         |          |         |         |          |  |  |  |       | 74    |
| 75    | g. OTHER                                         |         |         |          |         |         |          |  |  |  |       | 75    |
| 76    | h. M.D.O.                                        |         |         |          |         |         |          |  |  |  |       | 76    |
| 77    | TOTAL REVENUES                                   | 9,931   | 7,162   | 32,183   | 12,608  | 1,000   | 62,884   |  |  |  |       | 77    |
| 80    | NET COST                                         | 5,622   | 4,057   | 18,229   | 7,141   | 566     | 35,615   |  |  |  |       | 80    |
| 82    | PATIENT DAYS OR VISITS                           | 313     | 134     | 752      | 379     | 34      | 1,612    |  |  |  |       | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$49.69 | \$83.72 | \$67.04  | \$52.11 | \$46.06 | \$61.10  |  |  |  |       | 85    |



DATE: 10/10/2023  
 TIME: 10:00 AM  
 BY: [Name]

PROJECT: [Project Name]  
 LOCATION: [Location]  
 CLIENT: [Client Name]

REPORT TO:  
 [Recipient Name]

DATE: 10/10/2023

BY: [Name]

REVISION: [Revision Number]

| ITEM NO. | DESCRIPTION   | QUANTITIES |      |     |      |     |      | UNIT | REMARKS                |
|----------|---------------|------------|------|-----|------|-----|------|------|------------------------|
|          |               | QTY        | UNIT | QTY | UNIT | QTY | UNIT |      |                        |
| 1        | Excavation    | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Excavation of 100 m³   |
| 2        | Backfill      | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Backfill of 100 m³     |
| 3        | Compaction    | 100        | m²   | 100 | m²   | 100 | m²   | m²   | Compaction of 100 m²   |
| 4        | Gravel        | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Gravel of 100 m³       |
| 5        | Sand          | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Sand of 100 m³         |
| 6        | Concrete      | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Concrete of 100 m³     |
| 7        | Reinforcement | 100        | m    | 100 | m    | 100 | m    | m    | Reinforcement of 100 m |
| 8        | Formwork      | 100        | m²   | 100 | m²   | 100 | m²   | m²   | Formwork of 100 m²     |
| 9        | Paint         | 100        | kg   | 100 | kg   | 100 | kg   | kg   | Paint of 100 kg        |
| 10       | Labour        | 100        | hr   | 100 | hr   | 100 | hr   | hr   | Labour of 100 hr       |
| 11       | Material      | 100        | kg   | 100 | kg   | 100 | kg   | kg   | Material of 100 kg     |
| 12       | Transport     | 100        | km   | 100 | km   | 100 | km   | km   | Transport of 100 km    |
| 13       | Storage       | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Storage of 100 m³      |
| 14       | Waste         | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Waste of 100 m³        |
| 15       | Water         | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Water of 100 m³        |
| 16       | Electricity   | 100        | kWh  | 100 | kWh  | 100 | kWh  | kWh  | Electricity of 100 kWh |
| 17       | Gas           | 100        | m³   | 100 | m³   | 100 | m³   | m³   | Gas of 100 m³          |
| 18       | Oil           | 100        | kg   | 100 | kg   | 100 | kg   | kg   | Oil of 100 kg          |
| 19       | Other         | 100        | kg   | 100 | kg   | 100 | kg   | kg   | Other of 100 kg        |
| 20       | Total         | 100        |      | 100 |      | 100 |      |      | Total of 100           |



PROGRAM BUDGET  
MH 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | V A L L E Y     A D U L T     O U T P A T I E N T |         |         |         |         |          |         |  |  | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|---------------------------------------------------|---------|---------|---------|---------|----------|---------|--|--|---------------|-----------------------|
|       | PROVIDER NUMBER                                    | 0132                                              | 0132    | 0132    | 0132    | 0132    |          |         |  |  |               |                       |
|       | COST CENTER                                        | 10                                                | 30      | 40      | 50      | 60      | Subtotal |         |  |  |               |                       |
| 1     | SALARIES & EMP. BENEFIT                            | 338                                               | 3,384   | 33,314  | 2,037   | 1,743   | 40,816   |         |  |  |               |                       |
| 5     | OPERATING EXPENSES                                 | 1,026                                             | 10,250  | 100,920 | 6,170   | 5,280   | 123,646  |         |  |  |               |                       |
| 10    | EQUIPMENT                                          |                                                   |         |         |         |         |          |         |  |  |               |                       |
| 15    | REMODELING                                         |                                                   |         |         |         |         |          |         |  |  |               |                       |
| 28    | NEG/FEE FOR SVC.CONTRACTS                          |                                                   |         |         |         |         |          |         |  |  |               |                       |
| 40    | CONTRACTS                                          |                                                   |         |         |         |         |          |         |  |  |               |                       |
| 45    | GROSS COST                                         | 2                                                 | 1,364   | 13,634  | 134,234 | 8,207   | 7,023    | 164,462 |  |  |               |                       |
| 50    | SAVINGS                                            |                                                   | 20      | 190     | 1,072   | 114     | 98       | 2,294   |  |  |               |                       |
| 51    | SUBTOTAL GROSS COST                                |                                                   | 1,344   | 13,444  | 132,362 | 8,093   | 6,925    | 162,168 |  |  |               |                       |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION |                                                   | 140     | 1,396   | 13,742  | 840     | 719      | 16,837  |  |  |               |                       |
| 65    | ADJUSTED GROSS COST                                |                                                   | 1,484   | 14,840  | 146,104 | 8,933   | 7,644    | 179,005 |  |  |               |                       |
| 68    | REVENUES                                           |                                                   |         |         |         |         |          |         |  |  |               |                       |
| 69    | a. GRANTS                                          |                                                   |         |         |         |         |          |         |  |  |               |                       |
| 70    | b. PATIENT FEES                                    | 3                                                 | 61      | 615     | 6,055   | 370     | 317      | 7,418   |  |  |               |                       |
| 71    | c. PATIENT INSURANCE                               |                                                   | 50      | 508     | 5,001   | 306     | 262      | 6,127   |  |  |               |                       |
| 72    | d. MEDI-CAL / FEDERAL                              |                                                   | 259     | 2,583   | 25,430  | 1,555   | 1,330    | 31,157  |  |  |               |                       |
| 73    | e. MEDI-CAL / NON-FEDERAL                          |                                                   |         |         |         |         |          |         |  |  |               |                       |
| 74    | f. MEDICARE                                        |                                                   | 77      | 764     | 7,521   | 460     | 393      | 9,215   |  |  |               |                       |
| 75    | g. OTHER                                           |                                                   |         |         |         |         |          |         |  |  |               |                       |
| 76    | h. M.D.O.                                          | 4                                                 |         |         |         |         |          |         |  |  |               |                       |
| 77    | TOTAL REVENUES                                     |                                                   | 447     | 4,470   | 44,007  | 2,691   | 2,302    | 53,917  |  |  |               |                       |
| 80    | NET COST                                           |                                                   | 1,037   | 10,370  | 102,097 | 6,242   | 5,342    | 125,088 |  |  |               |                       |
| 82    | PATIENT DAYS OR VISITS                             |                                                   | 21      | 177     | 1,817   | 172     | 202      | 2,389   |  |  |               |                       |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   |                                                   | \$70.67 | \$83.84 | \$80.41 | \$51.94 | \$37.84  | \$74.93 |  |  |               |                       |







PROGRAM BUDGET  
 FY 1904 (7/82)

 01 PROGRAM TYPE  
 01 REGULAR

 15 MODE OF SERVICE  
 05 24-HOUR CARE  
 10 PARTIAL DAY CARE  
 15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
 01 SEPT. SUBMISSION  
 02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | VALLEY   | CHILDREN'S | OUTPATIENT |         |          |   |   |   |   | TOTAL | ITEMS |
|-------|--------------------------------------------------|----------|------------|------------|---------|----------|---|---|---|---|-------|-------|
|       | PROVIDER NUMBER                                  | 0132     | 0132       | 0132       | 0132    |          |   |   |   |   | 9999  |       |
|       | COST CENTER                                      | 11       | 31         | 41         | 51      | Subtotal |   |   |   |   |       |       |
| 1     | SALARIES & EMP. BENEFIT                          | 10,656   | 3,982      | 123,136    | 971     | 138,745  |   |   |   |   |       | 1     |
| 5     | OPERATING EXPENSES                               | 1,046    | 390        | 12,075     | 95      | 13,606   |   |   |   |   |       | 5     |
| 10    | EQUIPMENT                                        |          |            |            |         |          |   |   |   |   |       | 10    |
| 15    | REMODELING                                       |          |            |            |         |          |   |   |   |   |       | 15    |
| 28    | NEG/FEE FOR SVC.CONTRACTS                        |          |            |            |         |          |   |   |   |   |       | 28    |
| 40    | CONTRACTS                                        |          |            |            |         |          |   |   |   |   |       | 40    |
| 45    | GROSS COST                                       | 2 11,702 | 4,372      | 135,211    | 1,066   | 152,351  |   |   |   |   |       | 45    |
| 50    | SAVINGS                                          | 598      | 223        | 6,905      | 54      | 7,780    | X | X | X | X | X     | 50    |
| 51    | SUBTOTAL GROSS COST                              | 11,104   | 4,149      | 128,306    | 1,012   | 144,471  |   |   |   |   |       | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 4,406    | 1,646      | 50,910     | 402     | 57,364   |   |   |   |   |       | 62    |
| 65    | ADJUSTED GROSS COST                              | 15,510   | 5,795      | 179,216    | 1,414   | 201,935  |   |   |   |   |       | 65    |
| 68    | REVENUES                                         |          |            |            |         |          |   |   |   |   |       | 68    |
| 69    | a. GRANTS                                        |          |            |            |         |          |   |   |   |   |       | 69    |
| 70    | b. PATIENT FEES                                  | 3 328    | 123        | 3,794      | 30      | 4,275    |   |   |   |   |       | 70    |
| 71    | c. PATIENT INSURANCE                             | 181      | 68         | 2,087      | 16      | 2,352    |   |   |   |   |       | 71    |
| 72    | d. MEDI-CAL / FEDERAL                            | 2,673    | 999        | 30,894     | 244     | 34,810   |   |   |   |   |       | 72    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |          |            |            |         |          |   |   |   |   |       | 73    |
| 74    | f. MEDICARE                                      |          |            |            |         |          |   |   |   |   |       | 74    |
| 75    | g. OTHER                                         |          |            |            |         |          |   |   |   |   |       | 75    |
| 76    | h. M.D.O.                                        | 4        |            |            |         |          |   |   |   |   |       | 76    |
| 77    | TOTAL REVENUES                                   | 3,182    | 1,190      | 36,775     | 290     | 41,437   | X | X | X | X | X     | 77    |
| 80    | NET COST                                         | 12,328   | 4,605      | 142,441    | 1,124   | 160,498  |   |   |   |   |       | 80    |
| 82    | PATIENT DAYS OR VISITS                           | 215      | 69         | 2,229      | 28      | 2,541    |   |   |   |   |       | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$72.14  | \$83.99    | \$80.40    | \$50.50 | \$79.47  |   |   |   |   |       | 85    |







01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

### 3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | PREVOCATIONAL TRAINING |         |         |          | TOTAL<br>9999 |
|-------|----------------------------------------------------|------------------------|---------|---------|----------|---------------|
|       | PROVIDER NUMBER                                    | 0133                   | 0133    | 0133    |          |               |
|       | COST CENTER                                        | 30                     | 40      | 50      | Subtotal |               |
| 1     | SALARIES & EMP. BENEFIT                            | 16,086                 | 21,665  | 138,819 | 176,570  |               |
| 5     | OPERATING EXPENSES                                 | 10,483                 | 14,119  | 90,468  | 115,070  |               |
| 10    | EQUIPMENT                                          |                        |         |         |          |               |
| 15    | REMODELING                                         |                        |         |         |          |               |
| 28    | NEG/FEE FOR SVC. CONTRACTS                         |                        |         |         |          |               |
| 40    | CONTRACTS                                          |                        |         |         |          |               |
| 45    | GROSS COST                                         | 26,569                 | 35,784  | 229,287 | 291,640  |               |
| 50    | SAVINGS                                            | 902                    | 1,214   | 7,782   | 9,898    |               |
| 51    | SUBTOTAL GROSS COST                                | 25,667                 | 34,570  | 221,505 | 281,742  |               |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION | 27,491                 | 37,028  | 237,254 | 301,773  |               |
| 65    | ADJUSTED GROSS COST                                | 53,158                 | 71,598  | 458,759 | 583,515  |               |
| 68    | REVENUES                                           |                        |         |         |          |               |
| 69    | a. GRANTS                                          | 9,419                  | 12,686  | 81,285  | 103,390  |               |
| 70    | b. PATIENT FEES                                    |                        |         |         |          |               |
| 71    | c. PATIENT INSURANCE                               |                        |         |         |          |               |
| 72    | d. MEDI-CAL / FEDERAL                              |                        |         |         |          |               |
| 73    | e. MEDI-CAL / NON-FEDERAL                          |                        |         |         |          |               |
| 74    | f. MEDICARE                                        |                        |         |         |          |               |
| 75    | g. OTHER                                           | 11,181                 | 15,060  | 96,496  | 122,737  |               |
| 76    | h. M.D.O.                                          |                        |         |         |          |               |
| 77    | TOTAL REVENUES                                     | 20,600                 | 27,746  | 177,781 | 226,127  |               |
| 80    | NET COST                                           | 32,558                 | 43,852  | 280,978 | 357,388  |               |
| 82    | PATIENT DAYS OR VISITS                             | 633                    | 891     | 8,800   | 10,324   |               |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | \$83.98                | \$80.36 | \$52.13 | \$56.52  |               |







PROGRAM BUDGET  
MH 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | A L A M E D A | A D U L T | O U T P A T I E N T |         |         |          |  |  |  | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|---------------|-----------|---------------------|---------|---------|----------|--|--|--|---------------|-----------------------|
|       | PROVIDER NUMBER                                    | 0152          | 0152      | 0152                | 0152    | 0152    |          |  |  |  |               |                       |
|       | COST CENTER                                        | 10            | 30        | 40                  | 50      | 60      | Subtotal |  |  |  |               |                       |
| 1     | SALARIES & EMP. BENEFIT                            | 2,395         | 16,138    | 78,146              | 10,888  | 17,148  | 124,715  |  |  |  |               | 1                     |
| 5     | OPERATING EXPENSES                                 | 535           | 3,605     | 17,458              | 2,432   | 3,831   | 27,861   |  |  |  |               | 5                     |
| 10    | EQUIPMENT                                          |               |           |                     |         |         |          |  |  |  |               | 10                    |
| 15    | REMODELING                                         |               |           |                     |         |         |          |  |  |  |               | 15                    |
| 28    | NEG/FEE FOR SVC.CONTRACTS                          |               |           |                     |         |         |          |  |  |  |               | 28                    |
| 40    | CONTRACTS                                          |               |           |                     |         |         |          |  |  |  |               | 40                    |
| 45    | GROSS COST                                         | 2 2,930       | 19,743    | 95,604              | 13,320  | 20,979  | 152,576  |  |  |  |               | 45                    |
| 50    | SAVINGS                                            | 134           | 907       | 4,392               | 612     | 964     | 7,009    |  |  |  |               | 50                    |
| 51    | SUBTOTAL GROSS COST                                | 2,796         | 18,836    | 91,212              | 12,708  | 20,015  | 145,567  |  |  |  |               | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION | 956           | 6,443     | 31,200              | 4,347   | 6,846   | 49,792   |  |  |  |               | 62                    |
| 65    | ADJUSTED GROSS COST                                | 3,752         | 25,279    | 122,412             | 17,055  | 26,861  | 195,359  |  |  |  |               | 65                    |
| 68    | REVENUES                                           |               |           |                     |         |         |          |  |  |  |               | 68                    |
| 69    | a. GRANTS                                          |               |           |                     |         |         |          |  |  |  |               | 69                    |
| 70    | b. PATIENT FEES                                    | 3 80          | 543       | 2,632               | 367     | 578     | 4,200    |  |  |  |               | 70                    |
| 71    | c. PATIENT INSURANCE                               | 172           | 1,159     | 5,613               | 782     | 1,232   | 8,958    |  |  |  |               | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                              | 787           | 5,300     | 25,663              | 3,575   | 5,631   | 40,956   |  |  |  |               | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                          |               |           |                     |         |         |          |  |  |  |               | 73                    |
| 74    | f. MEDICARE                                        | 252           | 1,703     | 8,246               | 1,149   | 1,810   | 13,160   |  |  |  |               | 74                    |
| 75    | g. OTHER                                           |               |           |                     |         |         |          |  |  |  |               | 75                    |
| 76    | h. M.D.O.                                          | 4             |           | 1,508               |         |         | 1,508    |  |  |  |               | 76                    |
| 77    | TOTAL REVENUES                                     | 1,291         | 8,705     | 43,662              | 5,873   | 9,251   | 68,782   |  |  |  |               | 77                    |
| 80    | NET COST                                           | 2,461         | 16,574    | 78,750              | 11,182  | 17,610  | 126,577  |  |  |  |               | 80                    |
| 82    | PATIENT DAYS OR VISITS                             | 88            | 328       | 1,623               | 328     | 982     | 3,349    |  |  |  |               | 82                    |
| 84    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | \$42.64       | \$77.07   | \$75.42             | \$52.00 | \$27.35 | \$58.33  |  |  |  |               | 85                    |



| DATE     | DESCRIPTION     | AMOUNT | CHECK NO. | DEBIT   | CREDIT  | BALANCE |
|----------|-----------------|--------|-----------|---------|---------|---------|
| 1/1/00   | OPENING BALANCE | 100.00 |           |         |         | 100.00  |
| 1/15/00  | PAYROLL         | 50.00  | 101       | 50.00   |         | 50.00   |
| 1/20/00  | RECEIVED        | 25.00  |           |         | 25.00   | 75.00   |
| 2/1/00   | PAYROLL         | 50.00  | 102       | 50.00   |         | 25.00   |
| 2/15/00  | RECEIVED        | 25.00  |           |         | 25.00   | 50.00   |
| 2/20/00  | PAYROLL         | 50.00  | 103       | 50.00   |         | 0.00    |
| 3/1/00   | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 3/15/00  | PAYROLL         | 50.00  | 104       | 50.00   |         | 0.00    |
| 3/20/00  | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 4/1/00   | PAYROLL         | 50.00  | 105       | 50.00   |         | 0.00    |
| 4/15/00  | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 4/20/00  | PAYROLL         | 50.00  | 106       | 50.00   |         | 0.00    |
| 5/1/00   | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 5/15/00  | PAYROLL         | 50.00  | 107       | 50.00   |         | 0.00    |
| 5/20/00  | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 6/1/00   | PAYROLL         | 50.00  | 108       | 50.00   |         | 0.00    |
| 6/15/00  | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 6/20/00  | PAYROLL         | 50.00  | 109       | 50.00   |         | 0.00    |
| 7/1/00   | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 7/15/00  | PAYROLL         | 50.00  | 110       | 50.00   |         | 0.00    |
| 7/20/00  | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 8/1/00   | PAYROLL         | 50.00  | 111       | 50.00   |         | 0.00    |
| 8/15/00  | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 8/20/00  | PAYROLL         | 50.00  | 112       | 50.00   |         | 0.00    |
| 9/1/00   | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 9/15/00  | PAYROLL         | 50.00  | 113       | 50.00   |         | 0.00    |
| 9/20/00  | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 10/1/00  | PAYROLL         | 50.00  | 114       | 50.00   |         | 0.00    |
| 10/15/00 | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 10/20/00 | PAYROLL         | 50.00  | 115       | 50.00   |         | 0.00    |
| 11/1/00  | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 11/15/00 | PAYROLL         | 50.00  | 116       | 50.00   |         | 0.00    |
| 11/20/00 | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 12/1/00  | PAYROLL         | 50.00  | 117       | 50.00   |         | 0.00    |
| 12/15/00 | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| 12/20/00 | PAYROLL         | 50.00  | 118       | 50.00   |         | 0.00    |
| 1/1/01   | RECEIVED        | 25.00  |           |         | 25.00   | 25.00   |
| TOTAL    |                 |        |           | 1000.00 | 1000.00 |         |

PREPARED BY: \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 PAGE: \_\_\_\_\_



PROGRAM BUDGET  
MH 1904 ( 7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | A       | L | A | M | E | D | A | C       | H | I | L | D | R | E | N | ' | S       | O        | U | T | P | A | T | I | E | N | T | TOTAL | T<br>E<br>M<br>S |
|-------|--------------------------------------------------|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---|---|---------|----------|---|---|---|---|---|---|---|---|---|-------|------------------|
|       | PROVIDER NUMBER                                  | 0152    |   |   |   |   |   |   | 0152    |   |   |   |   |   |   |   |   | 0152    |          |   |   |   |   |   |   |   |   |   | 9999  |                  |
|       | COST CENTER                                      | 11      |   |   |   |   |   |   | 31      |   |   |   |   |   |   |   |   | 41      |          |   |   |   |   |   |   |   |   |   |       |                  |
|       |                                                  |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         | Subtotal |   |   |   |   |   |   |   |   |   |       |                  |
| 1     | SALARIES & EMP. BENEFIT                          | 3,580   |   |   |   |   |   |   | 474     |   |   |   |   |   |   |   |   | 25,046  |          |   |   |   |   |   |   |   |   |   |       | 1                |
| 5     | OPERATING EXPENSES                               | 2,046   |   |   |   |   |   |   | 271     |   |   |   |   |   |   |   |   | 14,318  |          |   |   |   |   |   |   |   |   |   |       | 5                |
| 10    | EQUIPMENT                                        |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 10               |
| 15    | REMODELING                                       |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 15               |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 28               |
| 40    | CONTRACTS                                        |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 40               |
| 45    | GROSS COST                                       | 2 5,626 |   |   |   |   |   |   | 745     |   |   |   |   |   |   |   |   | 39,364  |          |   |   |   |   |   |   |   |   |   |       | 45               |
| 50    | SAVINGS                                          | X 197   | X |   |   |   |   |   | 26      | X |   |   |   |   |   |   |   | 1,376   | X        |   |   | X |   | X |   | X |   | X |       | 50               |
| 51    | SUBTOTAL GROSS COST                              | 5,429   |   |   |   |   |   |   | 719     |   |   |   |   |   |   |   |   | 37,988  |          |   |   |   |   |   |   |   |   |   |       | 51               |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  | 1,434   |   |   |   |   |   |   | 190     |   |   |   |   |   |   |   |   | 10,031  |          |   |   |   |   |   |   |   |   |   |       | 62               |
| 65    | ADJUSTED GROSS COST                              | 6,863   |   |   |   |   |   |   | 909     |   |   |   |   |   |   |   |   | 48,019  |          |   |   |   |   |   |   |   |   |   |       | 65               |
| 68    | REVENUES                                         |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 68               |
| 69    | a. GRANTS                                        |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 69               |
| 70    | b. PATIENT FEES                                  | 3 32    |   |   |   |   |   |   | 4       |   |   |   |   |   |   |   |   | 220     |          |   |   |   |   |   |   |   |   |   |       | 70               |
| 71    | c. PATIENT INSURANCE                             | 290     |   |   |   |   |   |   | 38      |   |   |   |   |   |   |   |   | 2,024   |          |   |   |   |   |   |   |   |   |   |       | 71               |
| 72    | d. MEDI-CAL / FEDERAL                            | 1,460   |   |   |   |   |   |   | 194     |   |   |   |   |   |   |   |   | 10,222  |          |   |   |   |   |   |   |   |   |   |       | 72               |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 73               |
| 74    | f. MEDICARE                                      |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 74               |
| 75    | g. OTHER                                         |         |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 75               |
| 76    | h. M.D.O.                                        | 4       |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |         |          |   |   |   |   |   |   |   |   |   |       | 76               |
| 77    | TOTAL REVENUES                                   | X 1,782 | X |   |   |   |   |   | 236     | X |   |   |   |   |   |   |   | 12,466  | X        |   |   | X |   | X |   | X |   | X |       | 77               |
| 80    | NET COST                                         | 5,001   |   |   |   |   |   |   | 673     |   |   |   |   |   |   |   |   | 35,553  |          |   |   |   |   |   |   |   |   |   |       | 80               |
| 82    | PATIENT DAYS OR VISITS                           | 96      |   |   |   |   |   |   | 11      |   |   |   |   |   |   |   |   | 593     |          |   |   |   |   |   |   |   |   |   |       | 82               |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$71.49 |   |   |   |   |   |   | \$82.64 |   |   |   |   |   |   |   |   | \$80.30 |          |   |   |   |   |   |   |   |   |   |       | 85               |



| DATE       | DESCRIPTION | AMOUNT | BALANCE | CHECK NO. | REMARKS |
|------------|-------------|--------|---------|-----------|---------|
| 1940-12-01 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-02 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-03 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-04 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-05 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-06 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-07 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-08 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-09 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-10 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-11 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-12 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-13 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-14 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-15 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-16 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-17 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-18 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-19 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-20 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-21 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-22 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-23 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-24 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-25 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-26 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-27 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-28 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-29 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-30 | ...         | ...    | ...     | ...       | ...     |
| 1940-12-31 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-01 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-02 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-03 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-04 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-05 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-06 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-07 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-08 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-09 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-10 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-11 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-12 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-13 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-14 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-15 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-16 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-17 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-18 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-19 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-20 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-21 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-22 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-23 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-24 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-25 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-26 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-27 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-28 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-29 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-30 | ...         | ...    | ...     | ...       | ...     |
| 1941-01-31 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-01 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-02 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-03 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-04 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-05 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-06 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-07 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-08 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-09 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-10 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-11 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-12 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-13 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-14 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-15 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-16 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-17 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-18 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-19 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-20 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-21 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-22 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-23 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-24 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-25 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-26 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-27 | ...         | ...    | ...     | ...       | ...     |
| 1941-02-28 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-01 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-02 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-03 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-04 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-05 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-06 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-07 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-08 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-09 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-10 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-11 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-12 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-13 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-14 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-15 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-16 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-17 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-18 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-19 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-20 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-21 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-22 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-23 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-24 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-25 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-26 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-27 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-28 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-29 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-30 | ...         | ...    | ...     | ...       | ...     |
| 1941-03-31 | ...         | ...    | ...     | ...       | ...     |

1941



PROGRAM BUDGET  
 MH 1904 (7/82)

 01 PROGRAM TYPE  
 01 REGULAR

 15 MODE OF SERVICE  
 05 24-HOUR CARE  
 10 PARTIAL DAY CARE  
 15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
 01 SEPT. SUBMISSION  
 02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | A S I A N | C O M M U N I T Y | M E N T A L | H E A L T H | S E R V I C E S |          |   |   |   | TOTAL | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|-----------|-------------------|-------------|-------------|-----------------|----------|---|---|---|-------|-----------------------|
|       | PROVIDER NUMBER                                    | 0163      | 0163              | 0163        | 0163        | 0163            |          |   |   |   | 9999  |                       |
|       | COST CENTER                                        | 10        | 30                | 40          | 50          | 70              | Subtotal |   |   |   |       |                       |
| 1     | SALARIES & EMP. BENEFIT                            |           |                   |             |             |                 |          |   |   |   |       | 1                     |
| 5     | OPERATING EXPENSES                                 |           |                   |             |             |                 |          |   |   |   |       | 5                     |
| 10    | EQUIPMENT                                          |           |                   |             |             |                 |          |   |   |   |       | 10                    |
| 15    | REMODELING                                         |           |                   |             |             |                 |          |   |   |   |       | 15                    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                         |           |                   |             |             |                 |          |   |   |   |       | 28                    |
| 40    | CONTRACTS                                          | 5,321     | 6,064             | 110,269     | 702         | 1,402           | 123,758  |   |   |   |       | 40                    |
| 45    | GROSS COST                                         | 2 5,321   | 6,064             | 110,269     | 702         | 1,402           | 123,758  |   |   |   |       | 45                    |
| 50    | SAVINGS                                            | X         | X                 | X           | X           | X               | X        | X | X | X | X     | 50                    |
| 51    | SUBTOTAL GROSS COST                                | 5,321     | 6,064             | 110,269     | 702         | 1,402           | 123,758  |   |   |   |       | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION |           |                   |             |             |                 |          |   |   |   |       | 62                    |
| 65    | ADJUSTED GROSS COST                                | 5,321     | 6,064             | 110,269     | 702         | 1,402           | 123,758  |   |   |   |       | 65                    |
| 68    | REVENUES                                           |           |                   |             |             |                 |          |   |   |   |       | 68                    |
| 69    | a. GRANTS                                          |           |                   |             |             |                 |          |   |   |   |       | 69                    |
| 70    | b. PATIENT FEES                                    | 3 559     | 637               | 11,583      | 74          | 147             | 13,000   |   |   |   |       | 70                    |
| 71    | c. PATIENT INSURANCE                               |           |                   |             |             |                 |          |   |   |   |       | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                              |           |                   |             |             |                 |          |   |   |   |       | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                          |           |                   |             |             |                 |          |   |   |   |       | 73                    |
| 74    | f. MEDICARE                                        |           |                   |             |             |                 |          |   |   |   |       | 74                    |
| 75    | g. OTHER                                           | 1,891     | 2,153             | 39,177      | 250         | 498             | 43,969   |   |   |   |       | 75                    |
| 76    | h. M.D.O.                                          | 4         |                   |             |             |                 |          |   |   |   |       | 76                    |
| 77    | TOTAL REVENUES                                     | X 2,450   | X 2,790           | X 50,760    | X 324       | X 645           | X 56,969 | X | X | X | X     | 77                    |
| 80    | NET COST                                           | 2,871     | 3,274             | 59,509      | 378         | 757             | 66,789   |   |   |   |       | 80                    |
| 82    | PATIENT DAYS OR VISITS                             | 122       | 86                | 2,261       | 25          | 25              | 2,519    |   |   |   |       | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | \$43.61   | \$70.51           | \$48.77     | \$28.08     | \$56.08         | \$49.13  |   |   |   |       | 85                    |







PROGRAM BUDGET  
MH 1904 ( 7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | W E S T | O A K L A N D | H E A L T H | C E N T E R | A D U L T |         |           |   |   | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|---------|---------------|-------------|-------------|-----------|---------|-----------|---|---|---------------|-----------------------|
|       | PROVIDER NUMBER                                    | 0170    | 0170          | 0170        | 0170        | 0170      | 0170    |           |   |   |               |                       |
|       | COST CENTER                                        | 10      | 30            | 40          | 50          | 60        | 70      | Subtotal  |   |   |               |                       |
| 1     | SALARIES & EMP. BENEFIT                            |         |               |             |             |           |         |           |   |   |               | 1                     |
| 5     | OPERATING EXPENSES                                 |         |               |             |             |           |         |           |   |   |               | 5                     |
| 10    | EQUIPMENT                                          |         |               |             |             |           |         |           |   |   |               | 10                    |
| 15    | REMODELING                                         |         |               |             |             |           |         |           |   |   |               | 15                    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                         |         |               |             |             |           |         |           |   |   |               | 28                    |
| 40    | CONTRACTS                                          | 975     | 43,064        | 239,111     | 29,781      | 46,674    | 1,373   | 360,978   |   |   |               | 40                    |
| 45    | GROSS COST                                         | 2 975   | 43,064        | 239,111     | 29,781      | 46,674    | 1,373   | 360,978   |   |   |               | 45                    |
| 50    | SAVINGS                                            | X       | X             | X           | X           | X         | X       | X         | X | X | X             | 50                    |
| 51    | SUBTOTAL GROSS COST                                | 975     | 43,064        | 239,111     | 29,781      | 46,674    | 1,373   | 360,978   |   |   |               | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION |         |               |             |             |           |         |           |   |   |               | 62                    |
| 65    | ADJUSTED GROSS COST                                | 975     | 43,064        | 239,111     | 29,781      | 46,674    | 1,373   | 360,978   |   |   |               | 65                    |
| 68    | REVENUES                                           |         |               |             |             |           |         |           |   |   |               | 68                    |
| 69    | a. GRANTS                                          |         |               |             |             |           |         |           |   |   |               | 69                    |
| 70    | b. PATIENT FEES                                    | 3       |               |             |             |           |         |           |   |   |               | 70                    |
| 71    | c. PATIENT INSURANCE                               |         |               |             |             |           |         |           |   |   |               | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                              | 339     | 14,975        | 83,150      | 10,356      | 16,231    | 477     | 125,528   |   |   |               | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                          |         |               |             |             |           |         |           |   |   |               | 73                    |
| 74    | f. MEDICARE                                        | 22      | 993           | 5,513       | 687         | 1,076     | 32      | 8,323     |   |   |               | 74                    |
| 75    | g. OTHER                                           | 29      | 1,295         | 7,188       | 895         | 1,403     | 42      | 10,852    |   |   |               | 75                    |
| 76    | h. M.D.O.                                          | 4       |               |             |             |           |         |           |   |   |               | 76                    |
| 77    | TOTAL REVENUES                                     | X 390   | X 17,263      | X 95,851    | X 11,938    | X 18,710  | X 551   | X 144,703 | X | X | X             | 77                    |
| 80    | NET COST                                           | 585     | 25,801        | 143,260     | 17,843      | 27,964    | 822     | 216,275   |   |   |               | 80                    |
| 82    | PATIENT DAYS OR VISITS                             | 14      | 629           | 3,493       | 929         | 1,364     | 20      | 6,449     |   |   |               | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | \$69.64 | \$68.46       | \$68.45     | \$32.06     | \$34.22   | \$68.65 | \$55.97   |   |   |               | 85                    |







PROGRAM BUDGET

MM 1904 (7/82)

01 PROGRAM TYPE  
01 REGULAR

15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | WEST    | OAKLAND | D        | HEALTH CENTER - | REHAB.   |   |   |   |   | TOTAL | ITEMS |
|-------|--------------------------------------------------|---------|---------|----------|-----------------|----------|---|---|---|---|-------|-------|
|       | PROVIDER NUMBER                                  | 0170    | 0170    | 0170     | 0170            |          |   |   |   |   | 9999  |       |
|       | COST CENTER                                      | 11      | 41      | 51       | 61              | Subtotal |   |   |   |   |       |       |
| 1     | SALARIES & EMP. BENEFIT                          |         |         |          |                 |          |   |   |   |   |       | 1     |
| 5     | OPERATING EXPENSES                               |         |         |          |                 |          |   |   |   |   |       | 5     |
| 10    | EQUIPMENT                                        |         |         |          |                 |          |   |   |   |   |       | 10    |
| 15    | REMODELING                                       |         |         |          |                 |          |   |   |   |   |       | 15    |
| 28    | NEG/FEE FOR SVC.CONTRACTS                        |         |         |          |                 |          |   |   |   |   |       | 28    |
| 40    | CONTRACTS                                        | 112     | 15,820  | 38,782   | 737             | 55,451   |   |   |   |   |       | 40    |
| 45    | GROSS COST                                       | 2 112   | 15,320  | 38,782   | 737             | 55,451   |   |   |   |   |       | 45    |
| 50    | SAVINGS                                          | X       | X       | X        | X               | X        | X | X | X | X | X     | 50    |
| 51    | SUBTOTAL GROSS COST                              | 112     | 15,820  | 38,782   | 737             | 55,451   |   |   |   |   |       | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  |         |         |          |                 |          |   |   |   |   |       | 62    |
| 65    | ADJUSTED GROSS COST                              | 112     | 15,820  | 38,782   | 737             | 55,451   |   |   |   |   |       | 65    |
| 68    | REVENUES                                         |         |         |          |                 |          |   |   |   |   |       | 68    |
| 69    | a. GRANTS                                        |         |         |          |                 |          |   |   |   |   |       | 69    |
| 70    | b. PATIENT FEES                                  | 3       |         |          |                 |          |   |   |   |   |       | 70    |
| 71    | c. PATIENT INSURANCE                             |         |         |          |                 |          |   |   |   |   |       | 71    |
| 72    | d. MEDI-CAL / FEDERAL                            | 14      | 1,953   | 4,789    | 91              | 6,847    |   |   |   |   |       | 72    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |         |         |          |                 |          |   |   |   |   |       | 73    |
| 74    | f. MEDICARE                                      | 3       | 361     | 886      | 17              | 1,267    |   |   |   |   |       | 74    |
| 75    | g. OTHER                                         | 22      | 3,095   | 7,587    | 144             | 10,848   |   |   |   |   |       | 75    |
| 76    | h. M.D.O.                                        | 4       |         |          |                 |          |   |   |   |   |       | 76    |
| 77    | TOTAL REVENUES                                   | X 39    | X 5,409 | X 13,262 | X 252           | X 18,962 | X | X | X | X | X     | 77    |
| 80    | NET COST                                         | 73      | 10,411  | 25,520   | 485             | 36,489   |   |   |   |   |       | 80    |
| 82    | PATIENT DAYS OR VISITS                           | 2       | 279     | 1,326    | 26              | 1,633    |   |   |   |   |       | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$56.00 | \$56.70 | \$29.25  | \$28.35         | \$33.96  |   |   |   |   |       | 85    |



| DATE    | DESCRIPTION     | AMOUNT | CHECK NO. | DEBIT | CREDIT | BALANCE  |
|---------|-----------------|--------|-----------|-------|--------|----------|
| 1/1/00  | BANK OF AMERICA | 100.00 | 1001      |       |        | 100.00   |
| 1/2/00  | WELLS FARGO     | 250.00 | 1002      |       |        | 350.00   |
| 1/3/00  | CITIBANK        | 150.00 | 1003      |       |        | 500.00   |
| 1/4/00  | CHASE           | 75.00  | 1004      |       |        | 575.00   |
| 1/5/00  | PNC             | 125.00 | 1005      |       |        | 700.00   |
| 1/6/00  | TD BANK         | 200.00 | 1006      |       |        | 900.00   |
| 1/7/00  | US BANK         | 175.00 | 1007      |       |        | 1075.00  |
| 1/8/00  | AMERICAN S&W    | 100.00 | 1008      |       |        | 1175.00  |
| 1/9/00  | WELLS FARGO     | 150.00 | 1009      |       |        | 1325.00  |
| 1/10/00 | CITIBANK        | 225.00 | 1010      |       |        | 1550.00  |
| 1/11/00 | CHASE           | 100.00 | 1011      |       |        | 1650.00  |
| 1/12/00 | PNC             | 175.00 | 1012      |       |        | 1825.00  |
| 1/13/00 | TD BANK         | 250.00 | 1013      |       |        | 2075.00  |
| 1/14/00 | US BANK         | 125.00 | 1014      |       |        | 2200.00  |
| 1/15/00 | AMERICAN S&W    | 100.00 | 1015      |       |        | 2300.00  |
| 1/16/00 | WELLS FARGO     | 150.00 | 1016      |       |        | 2450.00  |
| 1/17/00 | CITIBANK        | 225.00 | 1017      |       |        | 2675.00  |
| 1/18/00 | CHASE           | 100.00 | 1018      |       |        | 2775.00  |
| 1/19/00 | PNC             | 175.00 | 1019      |       |        | 2950.00  |
| 1/20/00 | TD BANK         | 250.00 | 1020      |       |        | 3200.00  |
| 1/21/00 | US BANK         | 125.00 | 1021      |       |        | 3325.00  |
| 1/22/00 | AMERICAN S&W    | 100.00 | 1022      |       |        | 3425.00  |
| 1/23/00 | WELLS FARGO     | 150.00 | 1023      |       |        | 3575.00  |
| 1/24/00 | CITIBANK        | 225.00 | 1024      |       |        | 3800.00  |
| 1/25/00 | CHASE           | 100.00 | 1025      |       |        | 3900.00  |
| 1/26/00 | PNC             | 175.00 | 1026      |       |        | 4075.00  |
| 1/27/00 | TD BANK         | 250.00 | 1027      |       |        | 4325.00  |
| 1/28/00 | US BANK         | 125.00 | 1028      |       |        | 4450.00  |
| 1/29/00 | AMERICAN S&W    | 100.00 | 1029      |       |        | 4550.00  |
| 1/30/00 | WELLS FARGO     | 150.00 | 1030      |       |        | 4700.00  |
| 1/31/00 | CITIBANK        | 225.00 | 1031      |       |        | 4925.00  |
| 2/1/00  | CHASE           | 100.00 | 1032      |       |        | 5025.00  |
| 2/2/00  | PNC             | 175.00 | 1033      |       |        | 5200.00  |
| 2/3/00  | TD BANK         | 250.00 | 1034      |       |        | 5450.00  |
| 2/4/00  | US BANK         | 125.00 | 1035      |       |        | 5575.00  |
| 2/5/00  | AMERICAN S&W    | 100.00 | 1036      |       |        | 5675.00  |
| 2/6/00  | WELLS FARGO     | 150.00 | 1037      |       |        | 5825.00  |
| 2/7/00  | CITIBANK        | 225.00 | 1038      |       |        | 6050.00  |
| 2/8/00  | CHASE           | 100.00 | 1039      |       |        | 6150.00  |
| 2/9/00  | PNC             | 175.00 | 1040      |       |        | 6325.00  |
| 2/10/00 | TD BANK         | 250.00 | 1041      |       |        | 6575.00  |
| 2/11/00 | US BANK         | 125.00 | 1042      |       |        | 6700.00  |
| 2/12/00 | AMERICAN S&W    | 100.00 | 1043      |       |        | 6800.00  |
| 2/13/00 | WELLS FARGO     | 150.00 | 1044      |       |        | 6950.00  |
| 2/14/00 | CITIBANK        | 225.00 | 1045      |       |        | 7175.00  |
| 2/15/00 | CHASE           | 100.00 | 1046      |       |        | 7275.00  |
| 2/16/00 | PNC             | 175.00 | 1047      |       |        | 7450.00  |
| 2/17/00 | TD BANK         | 250.00 | 1048      |       |        | 7700.00  |
| 2/18/00 | US BANK         | 125.00 | 1049      |       |        | 7825.00  |
| 2/19/00 | AMERICAN S&W    | 100.00 | 1050      |       |        | 7925.00  |
| 2/20/00 | WELLS FARGO     | 150.00 | 1051      |       |        | 8075.00  |
| 2/21/00 | CITIBANK        | 225.00 | 1052      |       |        | 8300.00  |
| 2/22/00 | CHASE           | 100.00 | 1053      |       |        | 8400.00  |
| 2/23/00 | PNC             | 175.00 | 1054      |       |        | 8575.00  |
| 2/24/00 | TD BANK         | 250.00 | 1055      |       |        | 8825.00  |
| 2/25/00 | US BANK         | 125.00 | 1056      |       |        | 8950.00  |
| 2/26/00 | AMERICAN S&W    | 100.00 | 1057      |       |        | 9050.00  |
| 2/27/00 | WELLS FARGO     | 150.00 | 1058      |       |        | 9200.00  |
| 2/28/00 | CITIBANK        | 225.00 | 1059      |       |        | 9425.00  |
| 2/29/00 | CHASE           | 100.00 | 1060      |       |        | 9525.00  |
| 2/30/00 | PNC             | 175.00 | 1061      |       |        | 9700.00  |
| 3/1/00  | TD BANK         | 250.00 | 1062      |       |        | 9950.00  |
| 3/2/00  | US BANK         | 125.00 | 1063      |       |        | 10075.00 |
| 3/3/00  | AMERICAN S&W    | 100.00 | 1064      |       |        | 10175.00 |
| 3/4/00  | WELLS FARGO     | 150.00 | 1065      |       |        | 10325.00 |
| 3/5/00  | CITIBANK        | 225.00 | 1066      |       |        | 10550.00 |
| 3/6/00  | CHASE           | 100.00 | 1067      |       |        | 10650.00 |
| 3/7/00  | PNC             | 175.00 | 1068      |       |        | 10825.00 |
| 3/8/00  | TD BANK         | 250.00 | 1069      |       |        | 11075.00 |
| 3/9/00  | US BANK         | 125.00 | 1070      |       |        | 11200.00 |
| 3/10/00 | AMERICAN S&W    | 100.00 | 1071      |       |        | 11300.00 |
| 3/11/00 | WELLS FARGO     | 150.00 | 1072      |       |        | 11450.00 |
| 3/12/00 | CITIBANK        | 225.00 | 1073      |       |        | 11675.00 |
| 3/13/00 | CHASE           | 100.00 | 1074      |       |        | 11775.00 |
| 3/14/00 | PNC             | 175.00 | 1075      |       |        | 11950.00 |
| 3/15/00 | TD BANK         | 250.00 | 1076      |       |        | 12200.00 |
| 3/16/00 | US BANK         | 125.00 | 1077      |       |        | 12325.00 |
| 3/17/00 | AMERICAN S&W    | 100.00 | 1078      |       |        | 12425.00 |
| 3/18/00 | WELLS FARGO     | 150.00 | 1079      |       |        | 12575.00 |
| 3/19/00 | CITIBANK        | 225.00 | 1080      |       |        | 12800.00 |
| 3/20/00 | CHASE           | 100.00 | 1081      |       |        | 12900.00 |
| 3/21/00 | PNC             | 175.00 | 1082      |       |        | 13075.00 |
| 3/22/00 | TD BANK         | 250.00 | 1083      |       |        | 13325.00 |
| 3/23/00 | US BANK         | 125.00 | 1084      |       |        | 13450.00 |
| 3/24/00 | AMERICAN S&W    | 100.00 | 1085      |       |        | 13550.00 |
| 3/25/00 | WELLS FARGO     | 150.00 | 1086      |       |        | 13700.00 |
| 3/26/00 | CITIBANK        | 225.00 | 1087      |       |        | 13925.00 |
| 3/27/00 | CHASE           | 100.00 | 1088      |       |        | 14025.00 |
| 3/28/00 | PNC             | 175.00 | 1089      |       |        | 14200.00 |
| 3/29/00 | TD BANK         | 250.00 | 1090      |       |        | 14450.00 |
| 3/30/00 | US BANK         | 125.00 | 1091      |       |        | 14575.00 |
| 3/31/00 | AMERICAN S&W    | 100.00 | 1092      |       |        | 14675.00 |
| 4/1/00  | WELLS FARGO     | 150.00 | 1093      |       |        | 14825.00 |
| 4/2/00  | CITIBANK        | 225.00 | 1094      |       |        | 15050.00 |
| 4/3/00  | CHASE           | 100.00 | 1095      |       |        | 15150.00 |
| 4/4/00  | PNC             | 175.00 | 1096      |       |        | 15325.00 |
| 4/5/00  | TD BANK         | 250.00 | 1097      |       |        | 15575.00 |
| 4/6/00  | US BANK         | 125.00 | 1098      |       |        | 15700.00 |
| 4/7/00  | AMERICAN S&W    | 100.00 | 1099      |       |        | 15800.00 |
| 4/8/00  | WELLS FARGO     | 150.00 | 1100      |       |        | 15950.00 |
| 4/9/00  | CITIBANK        | 225.00 | 1101      |       |        | 16175.00 |
| 4/10/00 | CHASE           | 100.00 | 1102      |       |        | 16275.00 |
| 4/11/00 | PNC             | 175.00 | 1103      |       |        | 16450.00 |
| 4/12/00 | TD BANK         | 250.00 | 1104      |       |        | 16700.00 |
| 4/13/00 | US BANK         | 125.00 | 1105      |       |        | 16825.00 |
| 4/14/00 | AMERICAN S&W    | 100.00 | 1106      |       |        | 16925.00 |
| 4/15/00 | WELLS FARGO     | 150.00 | 1107      |       |        | 17075.00 |
| 4/16/00 | CITIBANK        | 225.00 | 1108      |       |        | 17300.00 |
| 4/17/00 | CHASE           | 100.00 | 1109      |       |        | 17400.00 |
| 4/18/00 | PNC             | 175.00 | 1110      |       |        | 17575.00 |
| 4/19/00 | TD BANK         | 250.00 | 1111      |       |        | 17825.00 |
| 4/20/00 | US BANK         | 125.00 | 1112      |       |        | 17950.00 |
| 4/21/00 | AMERICAN S&W    | 100.00 | 1113      |       |        | 18050.00 |
| 4/22/00 | WELLS FARGO     | 150.00 | 1114      |       |        | 18200.00 |
| 4/23/00 | CITIBANK        | 225.00 | 1115      |       |        | 18425.00 |
| 4/24/00 | CHASE           | 100.00 | 1116      |       |        | 18525.00 |
| 4/25/00 | PNC             | 175.00 | 1117      |       |        | 18700.00 |
| 4/26/00 | TD BANK         | 250.00 | 1118      |       |        | 18950.00 |
| 4/27/00 | US BANK         | 125.00 | 1119      |       |        | 19075.00 |
| 4/28/00 | AMERICAN S&W    | 100.00 | 1120      |       |        | 19175.00 |
| 4/29/00 | WELLS FARGO     | 150.00 | 1121      |       |        | 19325.00 |
| 4/30/00 | CITIBANK        | 225.00 | 1122      |       |        | 19550.00 |
| 4/31/00 | CHASE           | 100.00 | 1123      |       |        | 19650.00 |
| 5/1/00  | PNC             | 175.00 | 1124      |       |        | 19825.00 |
| 5/2/00  | TD BANK         | 250.00 | 1125      |       |        | 20075.00 |
| 5/3/00  | US BANK         | 125.00 | 1126      |       |        | 20200.00 |
| 5/4/00  | AMERICAN S&W    | 100.00 | 1127      |       |        | 20300.00 |
| 5/5/00  | WELLS FARGO     | 150.00 | 1128      |       |        | 20450.00 |
| 5/6/00  | CITIBANK        | 225.00 | 1129      |       |        | 20675.00 |
| 5/7/00  | CHASE           | 100.00 | 1130      |       |        | 20775.00 |
| 5/8/00  | PNC             | 175.00 | 1131      |       |        | 20950.00 |
| 5/9/00  | TD BANK         | 250.00 | 1132      |       |        | 21200.00 |
| 5/10/00 | US BANK         | 125.00 | 1133      |       |        | 21325.00 |
| 5/11/00 | AMERICAN S&W    | 100.00 | 1134      |       |        | 21425.00 |
| 5/12/00 | WELLS FARGO     | 150.00 | 1135      |       |        | 21575.00 |
| 5/13/00 | CITIBANK        | 225.00 | 1136      |       |        | 21800.00 |
| 5/14/00 | CHASE           | 100.00 | 1137      |       |        | 21900.00 |
| 5/15/00 | PNC             | 175.00 | 1138      |       |        | 22075.00 |
| 5/16/00 | TD BANK         | 250.00 | 1139      |       |        | 22325.00 |
| 5/17/00 | US BANK         | 125.00 | 1140      |       |        | 22450.00 |
| 5/18/00 | AMERICAN S&W    | 100.00 | 1141      |       |        | 22550.00 |
| 5/19/00 | WELLS FARGO     | 150.00 | 1142      |       |        | 22700.00 |
| 5/20/00 | CITIBANK        | 225.00 | 1143      |       |        | 22925.00 |
| 5/21/00 | CHASE           | 100.00 | 1144      |       |        | 23025.00 |
| 5/22/00 | PNC             | 175.00 | 1145      |       |        | 23200.00 |
| 5/23/00 | TD BANK         | 250.00 | 1146      |       |        | 23450.00 |
| 5/24/00 | US BANK         | 125.00 | 1147      |       |        | 23575.00 |
| 5/25/00 | AMERICAN S&W    | 100.00 | 1148      |       |        | 23675.00 |
| 5/26/00 | WELLS FARGO     | 150.00 | 1149      |       |        | 23825.00 |
| 5/27/00 | CITIBANK        | 225.00 | 1150      |       |        | 24050.00 |
| 5/28/00 | CHASE           | 100.00 | 1151      |       |        | 24150.00 |
| 5/29/00 | PNC             | 175.00 | 1152      |       |        | 24325.00 |
| 5/30/00 | TD BANK         | 250.00 | 1153      |       |        | 24575.00 |
| 5/31/00 | US BANK         | 125.00 | 1154      |       |        | 24700.00 |
| 5/31/00 | AMERICAN S&W    | 100.00 | 1155      |       |        | 24800.00 |



## PROGRAM BUDGET

MH 1904 (7/82)

 01 PROGRAM TYPE  
01 REGULAR

 15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | WEST    | OAKLAND | HEALTH CENTER - | YOUTH   | OUTPATIENT |         |          | TOTAL | ITEMS |
|-------|--------------------------------------------------|---------|---------|-----------------|---------|------------|---------|----------|-------|-------|
|       | PROVIDER NUMBER                                  | 0170    | 0170    | 0170            | 0170    | 0170       |         |          | 9999  |       |
|       | COST CENTER                                      | 12      | 32      | 42              | 52      | 62         | 72      | Subtotal |       |       |
| 1     | SALARIES & EMP. BENEFIT                          |         |         |                 |         |            |         |          |       | 1     |
| 5     | OPERATING EXPENSES                               |         |         |                 |         |            |         |          |       | 5     |
| 10    | EQUIPMENT                                        |         |         |                 |         |            |         |          |       | 10    |
| 15    | REMODELING                                       |         |         |                 |         |            |         |          |       | 15    |
| 28    | NEG/FEE FOR SVC.CONTRACTS                        |         |         |                 |         |            |         |          |       | 28    |
| 40    | CONTRACTS                                        | 4,610   | 5,586   | 47,151          | 2,766   | 110        | 438     | 60,661   |       | 40    |
| 45    | GROSS COST                                       | 4,610   | 5,586   | 47,151          | 2,766   | 110        | 438     | 60,661   |       | 45    |
| 50    | SAVINGS                                          | X       | X       | X               | X       | X          | X       | X        | X     | 50    |
| 51    | SUBTOTAL GROSS COST                              | 4,610   | 5,586   | 47,151          | 2,766   | 110        | 438     | 60,661   |       | 51    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  |         |         |                 |         |            |         |          |       | 62    |
| 65    | ADJUSTED GROSS COST                              | 4,610   | 5,586   | 47,151          | 2,766   | 110        | 438     | 60,661   |       | 65    |
| 68    | REVENUES                                         |         |         |                 |         |            |         |          |       | 68    |
| 69    | a. GRANTS                                        | 1,140   | 1,381   | 11,659          | 684     | 27         | 109     | 15,000   |       | 69    |
| 70    | b. PATIENT FEES                                  | 3       |         |                 |         |            |         |          |       | 70    |
| 71    | c. PATIENT INSURANCE                             |         |         |                 |         |            |         |          |       | 71    |
| 72    | d. MEDI-CAL / FEDERAL                            | 867     | 1,051   | 8,870           | 520     | 21         | 83      | 11,412   |       | 72    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |         |         |                 |         |            |         |          |       | 73    |
| 74    | f. MEDICARE                                      | 247     | 300     | 2,531           | 148     | 6          | 24      | 3,256    |       | 74    |
| 75    | g. OTHER                                         | 824     | 999     | 8,432           | 495     | 20         | 78      | 10,848   |       | 75    |
| 76    | h. M.D.O.                                        | 4       |         |                 |         |            |         |          |       | 76    |
| 77    | TOTAL REVENUES                                   | X 3,078 | X 3,731 | X 31,492        | X 1,847 | X 74       | X 294   | X 40,516 | X     | 77    |
| 80    | NET COST                                         | 1,532   | 1,855   | 15,659          | 919     | 36         | 144     | 20,145   |       | 80    |
| 82    | PATIENT DAYS OR VISITS                           | 85      | 103     | 869             | 72      | 3          | 8       | 1,140    |       | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$54.24 | \$54.23 | \$54.26         | \$38.42 | \$36.67    | \$54.75 | \$53.21  |       | 85    |







PROGRAM BUDGET

MH 1904 (7/82)

 01 PROGRAM TYPE  
01 REGULAR

 15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                    | C A S A | D E L S O L | City of Berkeley<br>Crisis Intervention |         | C I T Y | O F B E R K E L E Y | - R E H A B. | S V C.  | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|--------------------------------------------------|---------|-------------|-----------------------------------------|---------|---------|---------------------|--------------|---------|---------------|-----------------------|
|       | PROVIDER NUMBER                                  | 0191    | 0191        |                                         |         | 0197    | 0197                | 0197         | 0197    |               |                       |
|       | COST CENTER                                      | 40      | 50          | Subtotal                                | 70      | 11      | 41                  | 51           | 61      | Subtotal      |                       |
| 1     | SALARIES & EMP. BENEFIT                          |         |             |                                         |         |         |                     |              |         |               | 1                     |
| 5     | OPERATING EXPENSES                               |         |             |                                         |         |         |                     |              |         |               | 5                     |
| 10    | EQUIPMENT                                        |         |             |                                         |         |         |                     |              |         |               | 10                    |
| 15    | REMODELING                                       |         |             |                                         |         |         |                     |              |         |               | 15                    |
| 28    | NEG/FEE FOR SVC. CONTRACTS                       |         |             |                                         |         |         |                     |              |         |               | 28                    |
| 40    | CONTRACTS                                        | 189,968 | 4,270       | 194,238                                 | 117,396 | 30,040  | 126,063             | 66,754       | 33,891  | 256,748       | 40                    |
| 45    | GROSS COST                                       | 189,968 | 4,270       | 194,238                                 | 117,396 | 30,040  | 126,063             | 66,754       | 33,891  | 256,748       | 45                    |
| 50    | SAVINGS                                          |         |             |                                         |         |         |                     |              |         |               | 50                    |
| 51    | SUBTOTAL GROSS COST                              | 189,968 | 4,270       | 194,238                                 | 117,396 | 30,040  | 126,063             | 66,754       | 33,891  | 256,748       | 51                    |
| 62    | DIST. OF ADMIN. SUPPORT & RESEARCH & EVALUATION  |         |             |                                         |         |         |                     |              |         |               | 62                    |
| 65    | ADJUSTED GROSS COST                              | 189,968 | 4,270       | 194,238                                 | 117,396 | 30,040  | 126,063             | 66,754       | 33,891  | 256,748       | 65                    |
| 68    | REVENUES                                         |         |             |                                         |         |         |                     |              |         |               | 68                    |
| 69    | a. GRANTS                                        |         |             |                                         |         |         |                     |              |         |               | 69                    |
| 70    | b. PATIENT FEES                                  | 1,468   | 33          | 1,501                                   | 360     | 8       | 32                  | 17           | 8       | 65            | 70                    |
| 71    | c. PATIENT INSURANCE                             |         |             |                                         |         |         |                     |              |         |               | 71                    |
| 72    | d. MEDI-CAL / FEDERAL                            |         |             |                                         | 7,758   | 17,246  | 72,376              | 38,326       | 19,458  | 147,406       | 72                    |
| 73    | e. MEDI-CAL / NON-FEDERAL                        |         |             |                                         |         |         |                     |              |         |               | 73                    |
| 74    | f. MEDICARE                                      |         |             |                                         |         |         |                     |              |         |               | 74                    |
| 75    | g. OTHER                                         | 111,143 | 2,498       | 113,641                                 | 26,084  | 3,052   | 12,807              | 6,782        | 3,443   | 26,084        | 75                    |
| 76    | h. M.D.O.                                        |         |             |                                         |         |         |                     |              |         |               | 76                    |
| 77    | TOTAL REVENUES                                   | 112,611 | 2,531       | 115,142                                 | 34,202  | 20,306  | 85,215              | 45,125       | 22,909  | 173,555       | 77                    |
| 80    | NET COST                                         | 77,357  | 1,739       | 79,096                                  | 83,194  | 9,734   | 40,848              | 21,629       | 10,982  | 83,193        | 80                    |
| 82    | PATIENT DAYS OR VISITS                           | 2,389   | 85          | 2,474                                   | 1,444   | 420     | 1,600               | 1,285        | 515     | 3,820         | 82                    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82 | \$79.52 | \$50.24     | \$81.82                                 | \$81.30 | \$71.52 | \$78.79             | \$51.95      | \$65.81 | \$67.21       | 85                    |



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|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      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185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 810 | 811 | 812 | 813 | 814 | 815 | 816 | 817 | 818 | 819 | 820 | 821 | 822 | 823 | 824 | 825 | 826 | 827 | 828 | 829 | 830 | 831 | 832 | 833 | 834 | 835 | 836 | 837 | 838 | 839 | 840 | 841 | 842 | 843 | 844 | 845 | 846 | 847 | 848 | 849 | 850 | 851 | 852 | 853 | 854 | 855 | 856 | 857 | 858 | 859 | 860 | 861 | 862 | 863 | 864 | 865 | 866 | 867 | 868 | 869 | 870 | 871 | 872 | 873 | 874 | 875 | 876 | 877 | 878 | 879 | 880 | 881 | 882 | 883 | 884 | 885 | 886 | 887 | 888 | 889 | 890 | 891 | 892 | 893 | 894 | 895 | 896 | 897 | 898 | 899 | 900 | 901 | 902 | 903 | 904 | 905 | 906 | 907 | 908 | 909 | 910 | 911 | 912 | 913 | 914 | 915 | 916 | 917 | 918 | 919 | 920 | 921 | 922 | 923 | 924 | 925 | 926 | 927 | 928 | 929 | 930 | 931 | 932 | 933 | 934 | 935 | 936 | 937 | 938 | 939 | 940 | 941 | 942 | 943 | 944 | 945 | 946 | 947 | 948 | 949 | 950 | 951 | 952 | 953 | 954 | 955 | 956 | 957 | 958 | 959 | 960 | 961 | 962 | 963 | 964 | 965 | 966 | 967 | 968 | 969 | 970 | 971 | 972 | 973 | 974 | 975 | 976 | 977 | 978 | 979 | 980 | 981 | 982 | 983 | 984 | 985 | 986 | 987 | 988 | 989 | 990 | 991 | 992 | 993 | 994 | 995 | 996 | 997 | 998 | 999 | 1000 | 1001 | 1002 | 1003 | 1004 | 1005 | 1006 | 1007 | 1008 | 1009 | 1010 | 1011 | 1012 | 1013 | 1014 | 1015 | 1016 | 1017 | 1018 | 1019 | 1020 | 1021 | 1022 | 1023 | 1024 | 1025 | 1026 | 1027 | 1028 | 1029 | 1030 | 1031 | 1032 | 1033 | 1034 | 1035 | 1036 | 1037 | 1038 | 1039 | 1040 | 1041 | 1042 | 1043 | 1044 | 1045 | 1046 | 1047 | 1048 | 1049 | 1050 | 1051 | 1052 | 1053 | 1054 | 1055 | 1056 | 1057 | 1058 | 1059 | 1060 | 1061 | 1062 | 1063 | 1064 | 1065 | 1066 | 1067 | 1068 | 1069 | 1070 | 1071 | 1072 | 1073 | 1074 | 1075 | 1076 | 1077 | 1078 | 1079 | 1080 | 1081 | 1082 | 1083 | 1084 | 1085 | 1086 | 1087 | 1088 | 1089 | 1090 | 1091 | 1092 | 1093 | 1094 | 1095 | 1096 | 1097 | 1098 | 1099 | 1100 | 1101 | 1102 | 1103 | 1104 | 1105 | 1106 | 1107 | 1108 | 1109 | 1110 | 1111 | 1112 | 1113 | 1114 | 1115 | 1116 | 1117 | 1118 | 1119 | 1120 | 1121 | 1122 | 1123 | 1124 | 1125 | 1126 | 1127 | 1128 | 1129 | 1130 | 1131 | 1132 | 1133 | 1134 | 1135 | 1136 | 1137 | 1138 | 1139 | 1140 | 1141 | 1142 | 1143 | 1144 | 1145 | 1146 | 1147 | 1148 | 1149 | 1150 | 1151 | 1152 | 1153 | 1154 | 1155 | 1156 | 1157 | 1158 | 1159 | 1160 | 1161 | 1162 | 1163 | 1164 | 1165 | 1166 | 1167 | 1168 | 1169 | 1170 | 1171 | 1172 | 1173 | 1174 | 1175 | 1176 | 1177 | 1178 | 1179 | 1180 | 1181 | 1182 | 1183 | 1184 | 1185 | 1186 | 1187 | 1188 | 1189 | 1190 | 1191 | 1192 | 1193 | 1194 | 1195 | 1196 | 1197 | 1198 | 1199 | 1200 | 1201 | 1202 | 1203 | 1204 | 1205 | 1206 | 1207 | 1208 | 1209 | 1210 | 1211 | 1212 | 1213 | 1214 | 1215 | 1216 | 1217 | 1218 | 1219 | 1220 | 1221 | 1222 | 1223 | 1224 | 1225 | 1226 | 1227 | 1228 | 1229 | 1230 | 1231 | 1232 | 1233 | 1234 | 1235 | 1236 | 1237 | 1238 | 1239 | 1240 | 1241 | 1242 | 1243 | 1244 | 1245 | 1246 | 1247 | 1248 | 1249 | 1250 | 1251 | 1252 | 1253 | 1254 | 1255 | 1256 | 1257 | 1258 | 1259 | 1260 | 1261 | 1262 | 1263 | 1264 | 1265 | 1266 | 1267 | 1268 | 1269 | 1270 | 1271 | 1272 | 1273 | 1274 | 1275 | 1276 | 1277 | 1278 | 1279 | 1280 | 1281 | 1282 | 1283 | 1284 | 1285 | 1286 | 1287 | 1288 | 1289 | 1290 | 1291 | 1292 | 1293 | 1294 | 1295 | 1296 | 1297 | 1298 | 1299 | 1300 | 1301 | 1302 | 1303 | 1304 | 1305 | 1306 | 1307 | 1308 | 1309 | 1310 | 1311 | 1312 | 1313 | 1314 | 1315 | 1316 | 1317 | 1318 | 1319 | 1320 | 1321 | 1322 | 1323 | 1324 | 1325 | 1326 | 1327 | 1328 | 1329 | 1330 | 1331 | 1332 | 1333 | 1334 | 1335 | 1336 | 1337 | 1338 | 1339 | 1340 | 1341 | 1342 | 1343 | 1344 | 1345 | 1346 | 1347 | 1348 | 1349 | 1350 | 1351 | 1352 | 1353 | 1354 | 1355 | 1356 | 1357 | 1358 | 1359 | 1360 | 1361 | 1362 | 1363 | 1364 | 1365 | 1366 | 1367 | 1368 | 1369 | 1370 | 1371 | 1372 | 1373 | 1374 | 1375 | 1376 | 1377 | 1378 | 1379 | 1380 | 1381 | 1382 | 1383 | 1384 | 1385 | 1386 | 1387 | 1388 | 1389 | 1390 | 1391 | 1392 | 1393 | 1394 | 1395 | 1396 | 1397 | 1398 | 1399 | 1400 | 1401 | 1402 | 1403 | 1404 | 1405 | 1406 | 1407 | 1408 | 1409 | 1410 | 1411 | 1412 | 1413 | 1414 | 1415 | 1416 | 1417 | 1418 | 1419 | 1420 | 1421 | 1422 | 1423 | 1424 | 1425 | 1426 | 1427 | 1428 | 1429 | 1430 | 1431 | 1432 | 1433 | 1434 | 1435 | 1436 | 1437 | 1438 | 1439 | 1440 | 1441 | 1442 | 1443 | 1444 | 1445 | 1446 | 1447 | 1448 | 1449 | 1450 | 1451 | 1452 | 1453 | 1454 | 1455 | 1456 | 1457 | 1458 | 1459 | 1460 | 1461 | 1462 | 1463 | 1464 | 1465 | 1466 | 1467 | 1468 | 1469 | 1470 | 1471 | 1472 | 1473 | 1474 | 1475 | 1476 | 1477 | 1478 | 1479 | 1480 | 1481 | 1482 | 1483 | 1484 | 1485 | 1486 | 1487 | 1488 | 1489 | 1490 | 1491 |  |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-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## PROGRAM BUDGET

MH 1904 (7/82)

 01 PROGRAM TYPE  
01 REGULAR

 15 MODE OF SERVICE  
05 24-HOUR CARE  
10 PARTIAL DAY CARE  
15 OUTPATIENT CARE

 01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

83 FISCAL YEAR

01 COUNTY OF Alameda

3 TREATMENT PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | Ann Martin<br>Child Ctr. | Pacific<br>Child. Ctr. | Valley Mem.<br>Hospital |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | TOTAL     | T<br>E<br>M<br>S |
|-------|----------------------------------------------------|--------------------------|------------------------|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|------------------|
|       | PROVIDER NUMBER                                    | 0128                     | 0130                   | 0137                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9999      |                  |
|       | COST CENTER                                        | 40                       | 40                     | 70                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                  |
| 1     | SALARIES & EMP. BENEFIT                            |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4,410,847 | 1                |
| 5     | OPERATING EXPENSES                                 |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1,383,989 | 5                |
| 10    | EQUIPMENT                                          |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1,415     | 10               |
| 15    | REMODELING                                         |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | 15               |
| 28    | NEG/FEE FOR SVC.CONTRACTS                          |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | 28               |
| 40    | CONTRACTS                                          | 52,668                   | 5,613                  | 20,750                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1,240,261 | 40               |
| 45    | GROSS COST                                         | 2 52,668                 | 5,613                  | 20,750                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7,044,512 | 45               |
| 50    | SAVINGS                                            |                          |                        |                         | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 288,431   | 50               |
| 51    | SUBTOTAL GROSS COST                                | 52,668                   | 5,613                  | 20,750                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6,756,081 | 51               |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1,839,085 | 62               |
| 65    | ADJUSTED GROSS COST                                | 52,668                   | 5,613                  | 20,750                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8,595,166 | 65               |
| 68    | REVENUES                                           |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | 68               |
| 69    | a. GRANTS                                          |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 113,390   | 69               |
| 70    | b. PATIENT FEES                                    | 3                        |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 129,636   | 70               |
| 71    | c. PATIENT INSURANCE                               |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 180,914   | 71               |
| 72    | d. MEDI-CAL / FEDERAL                              |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2,236,174 | 72               |
| 73    | e. MEDI-CAL / NON-FEDERAL                          |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | 73               |
| 74    | f. MEDICARE                                        |                          |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 564,880   | 74               |
| 75    | g. OTHER                                           | 52,668                   | 5,613                  | 20,750                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1,193,905 | 75               |
| 76    | h. M.D.O.                                          | 4                        |                        |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 50,154    | 76               |
| 77    | TOTAL REVENUES                                     | 52,668                   | 5,613                  | 20,750                  | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 4,474,061 | 77               |
| 80    | NET COST                                           | -0-                      | -0-                    | -0-                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4,121,105 | 80               |
| 82    | PATIENT DAYS OR VISITS                             | 1,653                    | 125                    | 337                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 111,734   | 82               |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | \$31.86                  | \$44.90                | \$61.57                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | \$76.93   | 85               |







PROGRAM BUDGET  
MH 1905 (7/82)83 FISCAL YEAR01 PROGRAM TYPE  
01 REGULAR50 MODE OF SERVICE  
CONTINUING CARE SERVICES01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION01 COUNTY OF Alameda4 CONTINUING CARE PROGRAMSUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | Substitute      | No. Region   | Conservatorship |         |         |         |               | TOTAL<br>9999 | I<br>T<br>E<br>M<br>S |
|-------|----------------------------------------------------|-----------------|--------------|-----------------|---------|---------|---------|---------------|---------------|-----------------------|
|       |                                                    | Payee           | Fam. & Child | AB 1229         | Admin.  | Invest. | Special | ized Services |               |                       |
|       |                                                    | PROVIDER NUMBER | 0100         | 0120            | 0101    | 0187    | 0187    | 0114          | 0114          |                       |
|       |                                                    | COST CENTER     | 20           | 21              | 20      | 30      | 40      | 10            | 20            |                       |
| 1     | SALARIES & EMP. BENEFITS                           | 1               | 70,847       | 25,924          | 43,936  | 174,345 | 166,451 | 234,866       | 68,422        | 303,288               |
| 5     | OPERATING EXPENSE                                  |                 | 21,607       | 592             | 11,258  | 19,836  | 20,134  | 39,769        | 11,586        | 51,355                |
| 10    | EQUIPMENT                                          |                 |              |                 |         |         |         |               |               |                       |
| 15    | REMODELING                                         |                 |              |                 |         |         |         |               |               |                       |
| 28    | NEG/FEE FOR SERV. CONTRACTS                        |                 |              |                 |         |         |         |               |               |                       |
| 40    | CONTRACTS                                          |                 |              |                 |         |         |         |               |               |                       |
| 45    | GROSS COST                                         | 2               | 92,454       | 26,516          | 55,194  | 194,181 | 186,585 | 274,635       | 80,008        | 354,643               |
| 50    | SAVINGS                                            |                 | -0-          | -0-             | 2,633   | -0-     | -0-     | 13,790        | 4,017         | 17,807                |
| 51    | SUBTOTAL GROSS COST                                |                 | 92,454       | 26,516          | 52,561  | 194,181 | 186,585 | 260,845       | 75,991        | 336,836               |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION |                 | 14,991       | 10,504          | 9,373   | 36,936  | 35,336  | 64,691        | 18,846        | 83,537                |
| 65    | ADJUSTED GROSS COST                                |                 | 107,445      | 37,020          | 61,934  | 231,117 | 221,921 | 325,536       | 94,837        | 420,373               |
| 68    | REVENUES                                           |                 |              |                 |         |         |         |               |               |                       |
| 69    | a. GRANTS                                          |                 |              |                 |         |         |         |               |               |                       |
| 70    | b. CONS. ADMIN.                                    | 3               |              |                 |         |         |         |               |               |                       |
| 75    | g. OTHER                                           |                 |              |                 |         |         |         |               |               |                       |
| 76    | h. M.D.O.                                          |                 |              |                 | 61,934  |         |         |               |               |                       |
| 77    | TOTAL REVENUES                                     |                 | -0-          | -0-             | 61,934  | -0-     | -0-     | -0-           | -0-           | -0-                   |
| 80    | NET COST                                           |                 | 107,445      | 37,020          | -0-     | 231,117 | 221,921 | 325,536       | 94,837        | 420,373               |
| 82    | STAFF HOURS                                        |                 | 7,600        | 917             | 639     | 11,916  | 10,764  | 10,168        | 2,962         | 13,130                |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | 4               | \$14.41      | \$40.37         | \$96.92 | \$19.40 | \$20.62 | \$32.02       | \$32.02       | \$32.02               |







PROGRAM BUDGET  
MH 1905 (7/82)

83 FISCAL YEAR

01 PROGRAM TYPE  
01 REGULAR

50 MODE OF SERVICE  
CONTINUING CARE SERVICES

01 SUBMISSION TYPE  
01 SEPT. SUBMISSION  
02 BUDGET REVISION

01 COUNTY OF Alameda

4 CONTINUING CARE PROGRAM

SUBMISSION DATE: 11/30/82

| ITEMS | PROVIDER NAME                                      | BERKELEY  | SUPPORT  | SERVICES | Asian Comm.<br>Mental Hlth. | La Cheim<br>Case Mgmt. | OMHSS<br>Direct | OMHSS<br>Placement |   |   | TOTAL<br>9999 | ITEMS |
|-------|----------------------------------------------------|-----------|----------|----------|-----------------------------|------------------------|-----------------|--------------------|---|---|---------------|-------|
|       | PROVIDER NUMBER                                    | 0118      | 0118     |          | 0163                        | 0127                   | 0090            | 0090               |   |   |               |       |
|       | COST CENTER                                        | 10        | 20       | Subtotal | 20                          | 20                     | 20              | 40                 |   |   |               |       |
| 1     | SALARIES & EMP. BENEFITS                           |           |          |          |                             |                        |                 |                    |   |   | 784,791       | 1     |
| 5     | OPERATING EXPENSE                                  |           |          |          |                             | 12,500                 |                 |                    |   |   | 137,282       | 5     |
| 10    | EQUIPMENT                                          |           |          |          |                             |                        |                 |                    |   |   |               | 10    |
| 15    | REMODELING                                         |           |          |          |                             |                        |                 |                    |   |   |               | 15    |
| 28    | NEG/FEE FOR SERV. CONTRACTS                        |           |          |          |                             |                        |                 |                    |   |   |               | 28    |
| 40    | CONTRACTS                                          | 24,472    | 36,288   | 60,760   | 35,723                      |                        | 574,352         | 34,545             |   |   | 705,380       | 40    |
| 45    | GROSS COST                                         | 24,472    | 36,288   | 60,760   | 35,723                      | 12,500                 | 574,352         | 34,545             |   |   | 1,627,453     | 45    |
| 50    | SAVINGS                                            | X         | X        | X        | X                           | X                      | X               | X                  | X | X | 20,440        | 50    |
| 51    | SUBTOTAL GROSS COST                                | 24,472    | 36,288   | 60,760   | 35,723                      | 12,500                 | 574,352         | 34,545             |   |   | 1,607,013     | 51    |
| 62    | DIST. OF ADMIN. SUPPORT<br>& RESEARCH & EVALUATION |           |          |          |                             |                        |                 |                    |   |   | 190,677       | 62    |
| 65    | ADJUSTED GROSS COST                                | 24,472    | 36,288   | 60,760   | 35,723                      | 12,500                 | 574,352         | 34,545             |   |   | 1,797,690     | 65    |
| 68    | REVENUES                                           |           |          |          |                             |                        |                 |                    |   |   |               | 68    |
| 69    | a. GRANTS                                          |           |          |          |                             |                        |                 |                    |   |   |               | 69    |
| 70    | b. CONS. ADMIN.                                    | 3         |          |          |                             |                        |                 |                    |   |   |               | 70    |
| 75    | g. OTHER                                           | 7,280     | 10,920   | 18,200   | 35,723                      |                        |                 |                    |   |   | 53,923        | 75    |
| 76    | h. M.D.O.                                          |           |          |          |                             |                        |                 |                    |   |   | 61,934        | 76    |
| 77    | TOTAL REVENUES                                     | X 7,280   | X 10,920 | X 18,200 | X 35,723                    | X -0-                  | X -0-           | X -0-              | X | X | 115,857       | 77    |
| 80    | NET COST                                           | 17,192    | 25,368   | 42,560   | -0-                         | 12,500                 | 574,352         | 34,545             |   |   | 1,681,833     | 80    |
| 82    | STAFF HOURS                                        | 2,288     | 3,328    | 5,616    | 620                         | 807                    | N/A             | N/A                |   |   | 52,009        | 82    |
| 85    | COST PER UNIT OF SERVICE<br>DIVIDE LINE 65 BY 82   | 4 \$10.70 | \$10.90  | \$10.82  | \$57.62                     | \$15.49                | NPR 01          | NPR 02             |   |   | \$34.56       | 85    |



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| Project Name | Location | Area (sq. ft.) | Volume (cu. yd.) | Weight (tons) | Notes         |
|--------------|----------|----------------|------------------|---------------|---------------|
| Project A    | Site 1   | 10,000         | 100              | 100           | Standard fill |
| Project B    | Site 2   | 20,000         | 200              | 200           | Standard fill |
| Project C    | Site 3   | 30,000         | 300              | 300           | Standard fill |
| Project D    | Site 4   | 40,000         | 400              | 400           | Standard fill |
| Project E    | Site 5   | 50,000         | 500              | 500           | Standard fill |
| Project F    | Site 6   | 60,000         | 600              | 600           | Standard fill |
| Project G    | Site 7   | 70,000         | 700              | 700           | Standard fill |
| Project H    | Site 8   | 80,000         | 800              | 800           | Standard fill |
| Project I    | Site 9   | 90,000         | 900              | 900           | Standard fill |
| Project J    | Site 10  | 100,000        | 1,000            | 1,000         | Standard fill |
| Project K    | Site 11  | 110,000        | 1,100            | 1,100         | Standard fill |
| Project L    | Site 12  | 120,000        | 1,200            | 1,200         | Standard fill |
| Project M    | Site 13  | 130,000        | 1,300            | 1,300         | Standard fill |
| Project N    | Site 14  | 140,000        | 1,400            | 1,400         | Standard fill |
| Project O    | Site 15  | 150,000        | 1,500            | 1,500         | Standard fill |
| Project P    | Site 16  | 160,000        | 1,600            | 1,600         | Standard fill |
| Project Q    | Site 17  | 170,000        | 1,700            | 1,700         | Standard fill |
| Project R    | Site 18  | 180,000        | 1,800            | 1,800         | Standard fill |
| Project S    | Site 19  | 190,000        | 1,900            | 1,900         | Standard fill |
| Project T    | Site 20  | 200,000        | 2,000            | 2,000         | Standard fill |
| Project U    | Site 21  | 210,000        | 2,100            | 2,100         | Standard fill |
| Project V    | Site 22  | 220,000        | 2,200            | 2,200         | Standard fill |
| Project W    | Site 23  | 230,000        | 2,300            | 2,300         | Standard fill |
| Project X    | Site 24  | 240,000        | 2,400            | 2,400         | Standard fill |
| Project Y    | Site 25  | 250,000        | 2,500            | 2,500         | Standard fill |
| Project Z    | Site 26  | 260,000        | 2,600            | 2,600         | Standard fill |
| Project AA   | Site 27  | 270,000        | 2,700            | 2,700         | Standard fill |
| Project AB   | Site 28  | 280,000        | 2,800            | 2,800         | Standard fill |
| Project AC   | Site 29  | 290,000        | 2,900            | 2,900         | Standard fill |
| Project AD   | Site 30  | 300,000        | 3,000            | 3,000         | Standard fill |
| Project AE   | Site 31  | 310,000        | 3,100            | 3,100         | Standard fill |
| Project AF   | Site 32  | 320,000        | 3,200            | 3,200         | Standard fill |
| Project AG   | Site 33  | 330,000        | 3,300            | 3,300         | Standard fill |
| Project AH   | Site 34  | 340,000        | 3,400            | 3,400         | Standard fill |
| Project AI   | Site 35  | 350,000        | 3,500            | 3,500         | Standard fill |
| Project AJ   | Site 36  | 360,000        | 3,600            | 3,600         | Standard fill |
| Project AK   | Site 37  | 370,000        | 3,700            | 3,700         | Standard fill |
| Project AL   | Site 38  | 380,000        | 3,800            | 3,800         | Standard fill |
| Project AM   | Site 39  | 390,000        | 3,900            | 3,900         | Standard fill |
| Project AN   | Site 40  | 400,000        | 4,000            | 4,000         | Standard fill |
| Project AO   | Site 41  | 410,000        | 4,100            | 4,100         | Standard fill |
| Project AP   | Site 42  | 420,000        | 4,200            | 4,200         | Standard fill |
| Project AQ   | Site 43  | 430,000        | 4,300            | 4,300         | Standard fill |
| Project AR   | Site 44  | 440,000        | 4,400            | 4,400         | Standard fill |
| Project AS   | Site 45  | 450,000        | 4,500            | 4,500         | Standard fill |
| Project AT   | Site 46  | 460,000        | 4,600            | 4,600         | Standard fill |
| Project AU   | Site 47  | 470,000        | 4,700            | 4,700         | Standard fill |
| Project AV   | Site 48  | 480,000        | 4,800            | 4,800         | Standard fill |
| Project AW   | Site 49  | 490,000        | 4,900            | 4,900         | Standard fill |
| Project AX   | Site 50  | 500,000        | 5,000            | 5,000         | Standard fill |
| Project AY   | Site 51  | 510,000        | 5,100            | 5,100         | Standard fill |
| Project AZ   | Site 52  | 520,000        | 5,200            | 5,200         | Standard fill |
| Project BA   | Site 53  | 530,000        | 5,300            | 5,300         | Standard fill |
| Project BB   | Site 54  | 540,000        | 5,400            | 5,400         | Standard fill |
| Project BC   | Site 55  | 550,000        | 5,500            | 5,500         | Standard fill |
| Project BD   | Site 56  | 560,000        | 5,600            | 5,600         | Standard fill |
| Project BE   | Site 57  | 570,000        | 5,700            | 5,700         | Standard fill |
| Project BF   | Site 58  | 580,000        | 5,800            | 5,800         | Standard fill |
| Project BG   | Site 59  | 590,000        | 5,900            | 5,900         | Standard fill |
| Project BH   | Site 60  | 600,000        | 6,000            | 6,000         | Standard fill |
| Project BI   | Site 61  | 610,000        | 6,100            | 6,100         | Standard fill |
| Project BJ   | Site 62  | 620,000        | 6,200            | 6,200         | Standard fill |
| Project BK   | Site 63  | 630,000        | 6,300            | 6,300         | Standard fill |
| Project BL   | Site 64  | 640,000        | 6,400            | 6,400         | Standard fill |
| Project BM   | Site 65  | 650,000        | 6,500            | 6,500         | Standard fill |
| Project BN   | Site 66  | 660,000        | 6,600            | 6,600         | Standard fill |
| Project BO   | Site 67  | 670,000        | 6,700            | 6,700         | Standard fill |
| Project BP   | Site 68  | 680,000        | 6,800            | 6,800         | Standard fill |
| Project BQ   | Site 69  | 690,000        | 6,900            | 6,900         | Standard fill |
| Project BR   | Site 70  | 700,000        | 7,000            | 7,000         | Standard fill |
| Project BS   | Site 71  | 710,000        | 7,100            | 7,100         | Standard fill |
| Project BT   | Site 72  | 720,000        | 7,200            | 7,200         | Standard fill |
| Project BU   | Site 73  | 730,000        | 7,300            | 7,300         | Standard fill |
| Project BV   | Site 74  | 740,000        | 7,400            | 7,400         | Standard fill |
| Project BW   | Site 75  | 750,000        | 7,500            | 7,500         | Standard fill |
| Project BX   | Site 76  | 760,000        | 7,600            | 7,600         | Standard fill |
| Project BY   | Site 77  | 770,000        | 7,700            | 7,700         | Standard fill |
| Project BZ   | Site 78  | 780,000        | 7,800            | 7,800         | Standard fill |
| Project CA   | Site 79  | 790,000        | 7,900            | 7,900         | Standard fill |
| Project CB   | Site 80  | 800,000        | 8,000            | 8,000         | Standard fill |
| Project CC   | Site 81  | 810,000        | 8,100            | 8,100         | Standard fill |
| Project CD   | Site 82  | 820,000        | 8,200            | 8,200         | Standard fill |
| Project CE   | Site 83  | 830,000        | 8,300            | 8,300         | Standard fill |
| Project CF   | Site 84  | 840,000        | 8,400            | 8,400         | Standard fill |
| Project CG   | Site 85  | 850,000        | 8,500            | 8,500         | Standard fill |
| Project CH   | Site 86  | 860,000        | 8,600            | 8,600         | Standard fill |
| Project CI   | Site 87  | 870,000        | 8,700            | 8,700         | Standard fill |
| Project CJ   | Site 88  | 880,000        | 8,800            | 8,800         | Standard fill |
| Project CK   | Site 89  | 890,000        | 8,900            | 8,900         | Standard fill |
| Project CL   | Site 90  | 900,000        | 9,000            | 9,000         | Standard fill |
| Project CM   | Site 91  | 910,000        | 9,100            | 9,100         | Standard fill |
| Project CN   | Site 92  | 920,000        | 9,200            | 9,200         | Standard fill |
| Project CO   | Site 93  | 930,000        | 9,300            | 9,300         | Standard fill |
| Project CP   | Site 94  | 940,000        | 9,400            | 9,400         | Standard fill |
| Project CQ   | Site 95  | 950,000        | 9,500            | 9,500         | Standard fill |
| Project CR   | Site 96  | 960,000        | 9,600            | 9,600         | Standard fill |
| Project CS   | Site 97  | 970,000        | 9,700            | 9,700         | Standard fill |
| Project CT   | Site 98  | 980,000        | 9,800            | 9,800         | Standard fill |
| Project CU   | Site 99  | 990,000        | 9,900            | 9,900         | Standard fill |
| Project CV   | Site 100 | 1,000,000      | 10,000           | 10,000        | Standard fill |

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Project Name: [Blank]  
Location: [Blank]  
Area (sq. ft.): [Blank]  
Volume (cu. yd.): [Blank]  
Weight (tons): [Blank]  
Notes: [Blank]

Project Name: [Blank]  
Location: [Blank]  
Area (sq. ft.): [Blank]  
Volume (cu. yd.): [Blank]  
Weight (tons): [Blank]  
Notes: [Blank]

Project Name: [Blank]  
Location: [Blank]  
Area (sq. ft.): [Blank]  
Volume (cu. yd.): [Blank]  
Weight (tons): [Blank]  
Notes: [Blank]

Project Name: [Blank]  
Location: [Blank]  
Area (sq. ft.): [Blank]  
Volume (cu. yd.): [Blank]  
Weight (tons): [Blank]  
Notes: [Blank]

Project Name: [Blank]  
Location: [Blank]  
Area (sq. ft.): [Blank]  
Volume (cu. yd.): [Blank]  
Weight (tons): [Blank]  
Notes: [Blank]

Project Name: [Blank]  
Location: [Blank]  
Area (sq. ft.): [Blank]  
Volume (cu. yd.): [Blank]  
Weight (tons): [Blank]  
Notes: [Blank]

Project Name: [Blank]  
Location: [Blank]  
Area (sq. ft.): [Blank]  
Volume (cu. yd.): [Blank]  
Weight (tons): [Blank]  
Notes: [Blank]



APPENDIX B APPLICATIONS FOR WAIVER OF  
SCHEDULE OF MAXIMUM ALLOWANCE

- Fred Finch Youth Center
- Lincoln Child Center







# APPLICATION FOR WAIVER OF SCHEDULE OF MAXIMUM ALLOWANCE

## I. IDENTIFICATION OF PROVIDER

Agency Name: Fred Finch Youth Center

Address: 3800 Coolidge Avenue  
Oakland, CA 94602

Telephone Number: (415) 482-2244

Type of Service: Residential Treatment

## II. ELIGIBILITY FOR WAIVER REQUEST

This program serves adolescents ages 11-18 years and is an alternative to hospitalization.

## III. IMPACT OF SMA ON ABILITY TO PROVIDE MENTAL HEALTH SERVICES

Alameda County Mental Health Service contracts with Fred Finch Youth Center to provide residential treatment to severely emotionally disturbed adolescents who are ineligible for other funding (i.e. AFDC-FC funds, third-party payors, etc.). The program operates in a non-acute setting serving youth who have often been hospitalized and who are at significant risk of long-term hospitalization. It is a key component of the County's continuum of care for individuals under 18 years.

The County proposes to purchase 1460 units (4 beds) in 1982-83 at \$116 per patient day. Contracted services are based on a cost-only reimbursement formula, and the proposed rate is consistent with those budgeted for other children's residential treatment programs for FY 1981-82. The rate set by Bay Area Placement Committee for Fred Finch in 1981-82 was \$109.16 per patient day. The County's proposed rate reflects the BAPC rate plus a 5% COLA. The SMA rate is substantially below the BAPC-approved rate and actual program costs.

The majority of costs are accrued through maintenance of adequate staffing levels. Following State licensing requirements (Section 81209, California Administrative Code), Fred Finch maintains a 1:5 staff/client ratio during waking hours.

Adolescents with serious mental disorders (e.g. conduct disorders, schizophrenia, personality disorders, affective disorders per DSM III) in a community setting require adult supervision to provide the program structure, consistency and nurturance needed for habilitation to a healthier functioning level. Reduction of staffing levels to meet the 125% limitation would substantially reduce the quality of care.

If the County is held to the SMA rate of \$60/day, we will lose access to this program, creating a gap in services. Fred Finch Youth Center is a



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50 bed facility utilized by Alameda County Social Services Agency, The Probation Department, out-of-county agencies and occasionally by agencies outside California. Other agencies or third-party payors pay at least BAPC rates or actual costs of care. Alameda County residents who can now be placed by Mental Health would have to be adjudicated as wards or dependents of the Juvenile Court to be funded in placement or would not be served at all until their behaviors require more intensive, restricted and expensive care.

#### IV. PROGRAM REDUCTION AND/OR REDIRECTION TO FUND THE WAIVER

The 1982-83 contract allocation for Fred Finch Youth Center reflects an internal reduction in the number of patient days purchased in 1981-82. The County proposed a net negotiated rate for the program in June, 1982; in order to fund the proposed rate of \$116 and to establish an achievable utilization rate, a reduction of 365 days was implemented. The County is currently using a maximum of four beds. No further change is necessary to fund the SMA waiver.

#### V. ALTERNATIVES IN LIEU OF PRESENT SERVICE

Fred Finch Youth Center is the largest comprehensive residential treatment facility for adolescents in Alameda County. There are a few specialized group homes serving less seriously disturbed children at rates consistent with the SMA, but none of them provides an intensive long-term treatment program combined with on-site special education services. Each client at Fred Finch is also admitted to an on-site SED classroom (provided by the local school district) on the basis of his/her inability to function academically in any regular or special education class in a public school setting.

Equivalent resources exist in other nearby counties, but the facilities charge rates substantially higher than the SMA rate. Family work and coordination of local services are more difficult to conduct with out-of-county placements and less cost-effective, contributing to longer stays in the facility and possible re-institutionalization without adequate aftercare.

#### VI. PLAN OF ACTION TO BRING THE RATE WITHIN THE 125 PERCENT LIMITATION

The County will continue to actively monitor the program and provide direction necessary to assure maximum cost-effectiveness at the proposed rate. The program is unable to reduce its costs to SMA limitations and would be forced to reduce or eliminate to contract with Alameda County Mental Health Service. The County has recently developed a blended-funding model at La Cheim Regional Program and is beginning negotiations to implement a similar model at Fred Finch.

If successful, in FY 1983-84, AFDC-FC funds will pay room and board costs for youth placed voluntarily, the local school district will continue to pay education costs, and Short-Doyle funds will be redirected from other residential costs to treatment and case management services.







## APPLICATION FOR WAIVER OF SCHEDULE OF MAXIMUM ALLOWANCE

### I IDENTIFICATION OF PROVIDER

Agency Name: West Oakland Home Corp.  
dba Lincoln Child Center

Address: 4368 Lincoln Avenue  
Oakland, CA 94602

Telephone Number: (415) 531-3111

Type of Service: Residential Treatment

### II ELIGIBILITY FOR WAIVER REQUEST

This program serves children 6-11 years and is an alternative to hospitalization.

### III IMPACT OF SMA ON ABILITY TO PROVIDE MENTAL HEALTH SERVICES

Alameda County Mental Health Service has contracted with Lincoln Child Center for over a decade to provide residential treatment to severely emotionally disturbed children who are ineligible for other funding (i.e. AFDC-FC funds, third-party payors, etc.). Lincoln Child Center is the only residential treatment facility in the County which serves pre-adolescent children with mental disorders. The program operates in a non-acute setting serving a population that otherwise would be at significant risk of long-term hospitalization. It is a key component of the County's continuum of care for individuals under 18 years.

The County proposes to purchase 2016 units (approximately 5.5 beds) in 1982-83 at \$102.02 per patient day. Contracted services are based on a cost-only reimbursement formula, and the proposed rate is consistent with those budgeted for other children's residential treatment programs for FY 1981-82. The rate set by Bay Area Placement Committee (BAPC) for Lincoln in 1981-82 was \$86.56 per patient day. The County's proposed rate reflects actual costs in 1981-82 plus a 5% COLA. The SMA rate is substantially below the BAPC-approved rate and actual program costs.

The majority of costs are accrued through maintenance of adequate staffing levels. In accordance with State licensing requirements (Section 81209, California Administrative Code), Lincoln Child Center maintains a 1:3 or 1:4 staff/child ratio during waking hours and a 1:12 staff/child ratio during sleeping hours. Normally, children in this age range need adult supervision around most of their daily activities. Children with serious mental disorders (e.g. conduct disorders, pervasive developmental delay, anxiety disorders) receiving treatment in a community setting require supervision adequate to provide the program structure, consistency and nurturance needed for habilitation to a healthier functioning level. Reduction of staffing levels to meet the 125% limitation would substantially reduce the quality of care.



1. INTRODUCTION

The purpose of this report is to provide a summary of the results of the research conducted during the 1970-71 winter.

The research was conducted in the following areas:

- 1. The effects of the winter on the population of the area.
- 2. The effects of the winter on the economy of the area.
- 3. The effects of the winter on the environment of the area.

2. THE EFFECTS OF THE WINTER ON THE POPULATION

The population of the area was affected in the following ways:

3. THE EFFECTS OF THE WINTER ON THE ECONOMY

The economy of the area was affected in the following ways:

The environment of the area was affected in the following ways:

The following table shows the results of the research:



If the County is held to the SMA rate of \$60/day, we will lose access to this program, creating a gap in services. Lincoln Child Center is a 24-bed facility utilized by Alameda County Social Services Agency, out-of-county agencies, and occasionally by agencies outside of California. Other agencies or third-party payors pay at least BAPC rates or actual costs of care. Alameda County residents who can now be placed by Mental Health would have to be adjudicated as dependents of the Juvenile Court to be funded in placement or would not be served at all until their symptoms require more intensive, restricted and experienced care.

#### IV PROGRAM REDUCTION AND/OR REDIRECTION TO FUND THE WAIVER

The 1982-83 contract allocation for Lincoln Child Center reflects an internal reduction in the number of patient days purchased in 1981-82. The County proposed a net negotiated rate for the program in June, 1982; in order to fund the proposed rate of \$102.02 and to establish an achievable utilization rate, a reduction of 170 days was implemented. The County and Contractor are currently using a maximum of five beds with the capacity to temporarily "overfill" when necessary (.5 beds). No further change is necessary to fund the SMA waiver.

#### V ALTERNATIVES IN LIEU OF PRESENT SERVICE

Lincoln Child Center is the only comprehensive residential treatment facility for agency-age children in Alameda County. There are a few specialized group homes serving less seriously disturbed children at rates consistent with SMA, but none of them provide an intensive long-term treatment program combined with on-site special education services. Each child at Lincoln Child Center is also admitted to an on-site SED classroom (provided by the local school district) on the basis of his/her inability to function academically in any regular or special education class in a public school setting.

Equivalent resources exist in other nearby counties, but the facilities charge rates substantially higher than the SMA rate. Family work and coordination of local services are more difficult to conduct with out-of-county placements and less cost-effective, contributing to longer stays in the facility and possible re-institutionalization without adequate aftercare.

#### VI PLAN OF ACTION TO BRING THE RATE WITHIN THE 125 PERCENT LIMITATION

The County will continue to actively monitor the program and provide direction necessary to assure maximum cost-effectiveness at the proposed rate. The program is unable to reduce its costs to SMA limitations and would be forced to reduce or eliminate its contract with Alameda County Mental Health Service. The County has recently developed a blended-funding model at La Cheim Regional Program and is beginning negotiations to implement a similar model at Lincoln. If successful, in FY 1983-84, AFDC-FC funds will pay room and board costs for children placed voluntarily, the local school district will continue to pay education costs, and Short-Doyle funds will be redirected from other residential costs to treatment and case management services with unit costs within the SMA limitations.



